MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10080

10094

CERTIFICATE OF DEATH

Reg. Dist. No. 35

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Parkton
LENGTH OF STAY (in this place) 43yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prettyboy Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Parkton.
STREET ADDRESS (If rural give location) Prettyboy Rd.

3. NAME OF DECEASED: (Type or Print) (First) Maurice (Middle) H. (Last) Alban.

4. DATE OF DEATH: (Month) Nov. (Day) 17 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 29, 1911
9. AGE last birthday 43 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10B. KIND OF BUSINESS OR INDUSTRY: Highway Dept.
11. BIRTHPLACE (State or foreign country): Parkton, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Alban
14. MOTHER'S MAIDEN NAME: Florence McCann.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If yes, specify World War I or II, or dates of service) World War II 1942-1945
16. SOCIAL SECURITY NO. 218-10-9565
17. INFORMANT & ADDRESS: Genevieve Alban, Parkton Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/14, 1954 to 11/17, 1954 that I last saw the deceased alive on 11/17/54, 19..., and that death occurred at 7 30 P.M., from the causes and on the date stated above.

SIGNATURE C. M. Frauer M.D. ADDRESS Parkton Md. DATE SIGNED 11/15/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Nov. 17, 1954
NAME OF CEMETERY OR CREMATORY Pine Grove Cemetery
LOCATION (City, town, or county) (State) Parkton, Md.

DATE REC'D BY LOCAL REGISTRAR 11/15/54
REGISTRAR'S SIGNATURE Cecile L. Fuelle
24. FUNERAL DIRECTOR Jacob Hartenstein
ADDRESS New Freedom, Pa.

RECEIVED
NOV 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10081

10095 **CERTIFICATE OF DEATH** Reg. Dist. No. 35

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Parkton
LENGTH OF STAY (in this place) 5 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Parkton
STREET ADDRESS (If rural give location) York Rd.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Wesley (Last) Asbury

4. DATE OF DEATH: (Month) Nov. (Day) 13, (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH: May 16 1953 | 9. AGE last birthday 1 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Richlands, Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Wesley A. Asbury
14. MOTHER'S MAIDEN NAME: Lola Gay Johnson.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Wesley A. Asbury, Parkton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4918 IMMEDIATE CAUSE (A) Broncho Pneumonia. — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1954 to Nov. 13, 1954 that I last saw the deceased alive on Nov. 13, 1954 and that death occurred at 1:30 A.M. from the causes and on the date stated above.
SIGNATURE James L. Yoagle M. D. ADDRESS James L. Yoagle New Freedom Pa. DATE SIGNED Nov 13 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov. 15, 1954 | NAME OF CEMETERY OR CREMATORY Stablersville Cemetery | LOCATION (City, town, or county) Parkton, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 11/14/54 | REGISTRAR'S SIGNATURE Edwin L. Fuston | 24. FUNERAL DIRECTOR Jacob Bortenstein | ADDRESS New Freedom, Pa.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

RECEIVED
NOV 18 1954
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10082

10096 CERTIFICATE OF DEATH Reg. Dist. No. 4-4

1. PLACE OF DEATH.
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard X
LENGTH OF STAY (in this place) 17 Hrs.15Min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Phoenix 03 X 1
STREET ADDRESS (If rural give location) Sunnybrook Road

3. NAME OF DECEASED: (Type or Print) (First) ANDREW (Middle) J. (Last) BARRETT

4. DATE OF DEATH: (Month) November (Day) 18 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: October 30, 1892
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Phoenix, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Barrett
14. MOTHER'S MAIDEN NAME: Cecelia MN: Drese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital,Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) CORONARY OCCLUSION WITH MYOCARDIAL XXXXXX INFARCTION AND PERICARDIAL EFFUSION — INTERVAL BETWEEN ONSET AND DEATH: 3 WEEKS

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? 11:45 AM 5:00 AM

22. I hereby certify that I attended the deceased from Nov.17..., 1954, to Nov.18., 1954, and that death occurred at 5:00A.M, from the causes and on the date stated above.
SIGNATURE WILLIAM B. VANDEGRIFT, M.D.
ADDRESS M. D. VAH, FORT HOWARD, MARYLAND
DATE SIGNED 11-18-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Nov. 22, 1954
NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR NOV 19 PAID
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS Wm.Cook-Blight Inc. Funeral Home 6009 Harford Road, Baltimore 14, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10083

Item 2, Film G175, 10097

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: 12/23/54 fcy

COUNTY Baltimore MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 28

LENGTH OF STAY (in this place) 6yr.4mo.13days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4

STREET ADDRESS (If rural, give location) East Chase or East Biddle St. Seton Institute

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) J. (Last) Barry

4. DATE OF DEATH (Month) (Day) (Year) November 10, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 12-10-1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Window Cleaner

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lawrence Barry

14. MOTHER'S MAIDEN NAME: Elizabeth McLorney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Reocrds Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 13 days

DUE TO

ANTECEDENT CAUSE (B) Arteriosclerotic heart disease — Years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

(C) Generalized arteriosclerosis — Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-28-, 1954 to 11-10-, 1954 that I last saw the deceased alive on 11-10-, 1954, and that death occurred at 11:50 AM, from the causes and on the date stated above.

SIGNATURE Ethel B. Harriman Greene M.D. M. D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 11-10-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 11/16/54 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR 11/16/54 REGISTRAR'S SIGNATURE U.E. Harry

24. FUNERAL DIRECTOR Wm. Francis A. Tinsley ADDRESS W. Fayette St.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
NOV 18 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10084

10098

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (In this place) 55
HOSPITAL OR INSTITUTION OR STREET ADDRESS 908 N. York Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 908 N. York Rd

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Henry (Last) Batty. Sr
4. DATE OF DEATH: (Month) 11 (Day) 27 (Year) 54
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) M
8. DATE OF BIRTH 9-18-78
9. AGE last birthday 76 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hat-dayman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Towson
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME James Batty
14. MOTHER'S MAIDEN NAME Laura Mitchel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Catherine Batty - 1111 Madison Ave Balto

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Adeno-Carcinoma of stomach with metastasis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) to liver; cachexia — 2 to 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Sept 22, 1954
19b. MAJOR FINDINGS OF OPERATION Adeno-Carcinoma of stomach with pyloric obstruction metastasis
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Collins. Hudson M.D., D.M.E. Towson Md 11/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11-30-54 — NAME OF CEMETERY OR CREMATORY Pleasant Rest Cem — LOCATION (City, town, or county) Towson — (State) Md
DATE REC'D BY LOCAL REG. 11-29-54 — REGISTRAR'S SIGNATURE G. E. Hedrick M.D.
24. FUNERAL DIRECTOR (ADDRESS) Samuel M. Sullivan Jr 1011 N. Arlington Ave - Balto

MARYLAND STATE DEPARTMENT OF HEALTH

10099 — 2411 N. Charles Street, Baltimore — 10085

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Caton Ridge Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2211 Taylor Ave

3. NAME OF DECEASED (Type or Print): (First) George (Middle) W (Last) Beaver

4. DATE OF DEATH: (Month) Nov (Day) 5, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Apr 13, 1871

9. AGE last birthday: 73 yrs. If under 1 year: Months 6 Days 23 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): City Employee

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George W. Beaver, Sr

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Elizabeth Farnham, 1327 Balto Pike, Hanover, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Carcinoma Rt humerus fibula

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Site undetermined

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9, 1954 to 5 Nov, 1954, that I last saw the deceased alive on 5 Nov, 1954 and that death occurred at 2:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. R. Gelb MD 1707 Edmondson Ave Catons Ville 2 Md 9 Nov 54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | Nov 9, 1954 | St. Peter's Cemetery | Balto. Md

DATE REC'D BY LOCAL REG. 11-9-54 | REGISTRAR'S SIGNATURE G. R. Hedrick JK | 24. FUNERAL DIRECTOR ADDRESS David R. Martin | David R. Martin, 1902 Eutaw Place

Dr M C Faulds
1709 Edmonton ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11154

10100

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS S.G.S.H.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Reisterstown
STREET ADDRESS (If rural give location) 69 Main St.

3. NAME OF DECEASED: (Type or Print) (First) Gladys (Middle) — (Last) Belden

4. DATE OF DEATH: (Month) 11 (Day) 26 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 12-5-88

9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Companion

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Chas. Belden

14. MOTHER'S MAIDEN NAME: Lillian R. Bernhardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Herndon Coloney, Pentagon, Wash. D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1954 to Nov 26, 1954 that I last saw the deceased alive on Nov 26, 1954, and that death occurred at 11:30 P. M., from the causes and on the date stated above.

SIGNATURE Wm. Lea Lamb, M.D. ADDRESS S.G.S.H. DATE SIGNED 11-26-54

M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 12/1/1954 NAME OF CEMETERY OR CREMATORY Woodlawn Memorial Park LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REGISTRAR 12/8/54 REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR Wm. F. L. Hunter ADDRESS 5913 Baltimore St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10086

10101 CERTIFICATE OF DEATH

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. — LENGTH OF STAY (in this place) 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 124 Raspe Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. Md.
STREET ADDRESS (If rural, give location) 124 Raspe Ave.

3. NAME OF DECEASED (Type or Print): (First) Pearl (Middle) J. (Last) Birmingham

4. DATE OF DEATH: (Month) 11 (Day) 11 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 1892

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Chas. Klingenstine

14. MOTHER'S MAIDEN NAME: Scheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mr Chas. A. Birmingham 124 Raspe Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of breast, left — Interval between onset and death: 2 y.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 1953

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of breast, left

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 12, 1954, to Nov. 11, 1954, that I last saw the deceased alive on Nov. 11, 1954, and that death occurred at 7:00 P. m., from the causes and on the date stated above.

SIGNATURE: Adam G Lewis — (Degree or title) M. D. — ADDRESS: 6232 Belair Rd, Balto 6. Md. — DATE SIGNED: Nov. 12, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 11/15/54 — NAME OF CEMETERY OR CREMATORY: Balto. — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. Nov. 13-1954 — REGISTRAR'S SIGNATURE: Mrs. M. F. Reifsnider

24. FUNERAL DIRECTOR AND ADDRESS: Lassahn Funeral Home 7401 Belair Rd 6

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10087

10102

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Randallstown
LENGTH OF STAY (in this place) 75 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Liberty Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Randallstown
STREET ADDRESS (If rural, give location) Liberty Rd.

3. NAME OF DECEASED (Type or Print): (Middle) KATHERINE (First) MARY (Last) BLAIR

4. DATE OF DEATH: (Month) 11 (Day) 10 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9/9/79

9. AGE last birthday: 75 yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herman Klotz

14. MOTHER'S MAIDEN NAME: Barbara Roper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS: Sister - MRS. EMILY TIBBALS - Randallstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	One month.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	One year.
	(c) Auricular fibrillation	20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/12, 1949, to 11/10, 1954, that I last saw the deceased alive on 11/8, 1954, and that death occurred at 7:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edwin L Pierpont M.D. 8204 Liberty Rd Balto 7 Md 11/10/54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11/13/54

NAME OF CEMETERY OR CREMATORY Fork

LOCATION (City, town, or county) Fork Md (State)

DATE REC'D BY LOCAL REG. 11-11-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS

Samuel H. Neuvirt Pikesville, Md

10103 10088 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Sparrows; STREET ADDRESS (If rural, give location) Lot Bosley Ave.

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) (Last) BLANTON

4. DATE OF DEATH (Month) Nov. (Day) 2 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ...tucky

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ...Barton

14. MOTHER'S MAIDEN NAME: Id...

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial infarction

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul F. Brem M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED Nov. 3, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11-4-54

NAME OF CEMETERY OR CREMATORY Cushland

LOCATION (City, town, or county) (State) Cushland Ky.

DATE REC'D BY LOCAL REG. 11/9/54

REGISTRAR'S SIGNATURE L. M. Hedrick mmb.

24. FUNERAL DIRECTOR ADDRESS ...4107 William Ln.

10104

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10089

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton
STREET ADDRESS (If rural, give location) Hereford

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Robert (Last) Boone
4. DATE OF DEATH: (Month) Nov. (Day) 7 (Year) 1954
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Jan. 26, 1897
9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Dairy Co. School
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Henry Boone
14. MOTHER'S MAIDEN NAME: Sarah Jane Petty
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-16-4497
17. INFORMANT (NAME AND ADDRESS): Mrs. Lela Boone, Monkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 2 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

A. M. Frame — M.D. — Parkton Md. — 11/7/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-9-54 — NAME OF CEMETERY OR CREMATORY: Hereford Baptist — LOCATION (City, town, or county) (State): Parkton, Md.

DATE REC'D BY LOCAL REG.: 11-10-54 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS: Brooks Funeral Service, Sparks, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10090

CERTIFICATE OF DEATH

10105

Reg. Dist. No. 38

Iten 12, FilmG178 11-29-54 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY 8822 Backer Ave — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural give location) 8822 Backer Ave

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) (Last) BORDINE or BORDINO

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 19/54 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: October 14 1871

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Balt.City

11. BIRTHPLACE (State or foreign country): VastoMaimone

12. CITIZEN OF WHAT COUNTRY? Italy ✓

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 2 NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-16-1157

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary Thrombosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954, to Nov. 19th, 1954, that I last saw the deceased alive on Nov. 17th, 1954, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE M. X. Quinn (Degree or title) M.D. ADDRESS TIMONIUM, Md. DATE SIGNED 11/21/54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov.22/54 — NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery — LOCATION (City, town, or county) 4430 Belair Rd. (State)

DATE REC'D BY LOCAL REGISTRAR 11-22-54 — REGISTRAR'S SIGNATURE G. H. Hedrick Jr. — FUNERAL DIRECTOR Frank Della Vacca — ADDRESS 322 S. High St

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10099

10113

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville RD 2 | LENGTH OF STAY (in this place) since July 6-1954
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City
STREET ADDRESS (If rural give location) Westchester Ave

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) — (Last) BURGEE

4. DATE OF DEATH: (Month) 11 (Day) 11 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: 9. 13. 1854 | 9. AGE last birthday 70 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): USA | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leondas Inglehart | 14. MOTHER'S MAIDEN NAME: Hamet Leoni

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT & ADDRESS. Female Nursing Spring Grove Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Hypostatic pneumonia & Cardiac failure
ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic heart disease — Years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Generalized arteriosclerosis — Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-5-, 1954 to 11-11-, 1954 that I last saw the deceased alive on 11-11, 1954, and that death occurred at 1:30 P M, from the causes and on the date stated above.
SIGNATURE, M.D. ADDRESS DATE SIGNED 11-12-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11/15/54 | NAME OF CEMETERY OR CREMATORY Hood Shepherd Ellicott City Md. | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 11-14-54 | REGISTRAR'S SIGNATURE V.E. Harry | 24. FUNERAL DIRECTOR ADDRESS Sisson and Son Catonsville, Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10091

10106

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
MARYLAND
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riviera Bch.
STREET ADDRESS (If rural give location) Creek & Kentucky Rd.

3. NAME OF DECEASED: (Type or Print) (First) Peter (Middle) N. (Last) Bouroff

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Wid.
8. DATE OF BIRTH: 10-15-1872
9. AGE last birthday 82 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OFFICER
10B. KIND OF BUSINESS OR INDUSTRY: MILITARY PROF.
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? First papers

13. FATHER'S NAME: Nikta Bouroff
14. MOTHER'S MAIDEN NAME: Marie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) [illegible]
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: U.S. Vital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute pulmonary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: hours

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Congestive heart failure — 1 day
(C) DUE TO Arteriosclerotic heart disease — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 23, 1954, to Nov. 2, 1954, that I last saw the deceased alive on Nov. 1, 1954, and that death occurred at 1:10 P.M., from the causes and on the date stated above.

SIGNATURE M. D. Louie Frances Woodward
ADDRESS Spring Grove State Hosp.
DATE SIGNED 11-2-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 11-4-54
NAME OF CEMETERY OR CREMATORY [illegible] Gardens
LOCATION (City, town, or county) (State) Balto. Co., Md.

DATE REC'D BY LOCAL REGISTRAR 11-5-54
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR [illegible]
ADDRESS [illegible] Md.

MARYLAND STATE DEPARTMENT OF HEALTH

10092

10107

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville | LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
STREET ADDRESS (If rural, give location) Seminary Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
James	T. B.	Bowles	Nov. 28, 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Mar. 20, 1882	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Secretary	Crown Central Petroleum Corp.	Virginia	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Avery Bowles	Isabelle S. (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		H.W.Mears & Son 805 N. Calvert Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe Dorsal Kyphosis — Yes

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ernest C Brown Jr.	M D	1101 N Calvert St	11/29/54

23. BURIAL, CREMATION, REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/2/54	Edgar County Cemetery	Paris, Ill.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		H H Mears & Son	805 N Calvert St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10093

10085 CERTIFICATE OF DEATH

Reg. Dist. No. . . . .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
LENGTH OF STAY (in this place) 4 mos. 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Relay Hill Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY ~~Harford~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 3901 Juniper Road
STREET ADDRESS (If rural give location) Baltimore 18, Md.

3. NAME OF DECEASED: (Type or Print) (First) Forrest (Middle) none (Last) Bramble
4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Mar. 15, 1869	85 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lawyer	Lawyer	Harford Co., Md.	U.S.A.

13. FATHER'S NAME: John Bramble
14. MOTHER'S MAIDEN NAME: Laura Bramble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
/			Son: F. Fulton Bramble 3901 Juniper Road Baltimore 18, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
Immediate cause	(a) Cerebral thrombosis	5 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral arteriosclerosis	Several years
	DUE TO (c) Generalized arteriosclerosis	Several years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1954, to Nov 2, 1954, that I last saw the deceased alive on Nov 1, 1954, and that death occurred at 9:30 AM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Lewis P. Fenby	M.D.	Rly 22, Md.	11/2/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/4/54	Druid Ridge Cem.	Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-3-54	A. W. Schmidt	Wm. J. Pickens & Son	Baltimore 17, Md.

AK

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10094

10103 **CERTIFICATE OF DEATH** Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Towson

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Towson Convalescent Home 301 W. Chesapeake Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 325 Murdock Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Anna	Lee	Brown	November 10. 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	single	January 1, 1882	72 years Yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
teacher	Balto. Public Schools	Baltimore, Maryland	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Rev. Joel Brown	J. Anna Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Louis P. Bolgiano Court Square Building

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Thrombosis Rt. Side — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1952, to Nov. 10, 1954, that I last saw the deceased alive on Nov. 10, 1954, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

SIGNATURE Laurence C. Post M.D. (DEGREE OR TITLE) ADDRESS 6805 York Rd. Baltimore Md. DATE SIGNED Nov. 10, 1954

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 13, 1954	Greenmount	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-12-54	A W Frederick	John O. Mitchell & Sons	1900 Eutaw Place

JSI

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10095

10109 CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. NAME OF DECEASED (Type or Print): EMMA BERTHA BROWN

2. DATE OF DEATH: Nov. 23, 1954

3. PLACE OF DEATH:
A. Baltimore City, Maryland County
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wayne Convalescent Home Smithwood and Summit Avenues
c. Length of stay in Baltimore: Yrs. ... Mos. ... Days ...

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 7 3V01-4
D. STREET ADDRESS (If rural, give location): 546 N. Pulaski Street

5 SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Widowed	March 27, 1880	74		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at Home	Baltimore, Maryland	U.S.A.

13. FATHER'S NAME: Jacob L. Ringsdorf

14. MOTHER'S MAIDEN NAME: Katherine Bartell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
no	none	Mr. Wm. J. Brown - 821 N. Rose Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) Acute Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: ...
DUE TO Degenerative
(B) Ch. Cardiac + renal disease
DUE TO
(C) Hypertension

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

21A. ACCIDENT, SUICIDE, HOMICIDE OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I certify that (I) (this hospital) attended the deceased from 6/4 ... 11/18 ... 1954, that (I) (we) last saw the deceased alive on 11/18 ... 1954 to 1954, and that death occurred at 1 PM m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
A. L. Hornstein M.D. ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐	204 E. Biddle St	11/24/54

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Nov. 26, 1954	Loudon Park Cemetery	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
11-26-54		H. SANDER & SONS, INC. Baltimore, Maryland Wm. H. Sander

PLEASE TYPE, OR WRITE PERMANENT RECORD. THIS IS A PERMANENT RECORD. DO NOT USE A BALL POINT PEN. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. THIS CERTIFICATE MUST BE FILED WITH THE BUREAU OF VITAL RECORDS WITHIN THREE (3) DAYS AFTER DEATH.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10096

10110

CERTIFICATE OF DEATH

Reg. Dist. No.

1. NAME OF DECEASED (Type or Print): VIRGINIA CLARK BROWN

2. DATE OF DEATH: Nov 18, 1954

3. PLACE OF DEATH: A. Baltimore City, Maryland — Balto. Co.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Armacost Nursing Home

C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 812 Register Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Sept. 1855
9. AGE (In years last birthday): 99
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George A. Clark
14. MOTHER'S MAIDEN NAME: Mary Cundiff

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.
17. INFORMANT: Hospital Records
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerosis
DUE TO
(B) Senility
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH
(A)
(B) 10 yrs.
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from October 19 51 to November 18 19 54, that (I) (we) last saw the deceased alive on 11/17 19 54, and that death occurred at 7 P.M. m., from the causes and on the date stated above.

23A. SIGNATURE (OR AUTHORIZED HOSPITAL OFFICIAL) Charles E. Cromwell M.D.
23B. ADDRESS 7501 York Rd
23C. DATE SIGNED 11/18/54

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/20/54
24C. NAME OF CEMETERY OR CREMATORY: Green Mount Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: Nov. 20 1954
REGISTRAR'S SIGNATURE: R. W.
25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS: Balto 17

THIS IS A PERMANENT RECORD.
PLEASE TYPE, OR WRITE WITH PERMANENT BLACK OR BLUE-BLACK INK—DO NOT USE A BALL POINT PEN.
Every item of information should be fully supplied. Physicians: please write the causes of death clearly and legibly.
THIS CERTIFICATE MUST BE FILED IN THE BUREAU OF VITAL RECORDS WITHIN THREE (3) DAYS AFTER DEATH.

10097

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10111 **CERTIFICATE OF DEATH** Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Athelia
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 Dunkirk Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural give location) 4 Dunkirk Rd.

3. NAME OF DECEASED: (Type or Print) (First) ELISHA (Middle) MARION (Last) BRUMMEL

4. DATE OF DEATH: (Month) Nov. (Day) 20, (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: May 4, 1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor

10B. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David O. Brummel

14. MOTHER'S MAIDEN NAME: Amanda Ellen Sellers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Mary A. Brummel - 4 Dunkirk Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Hypertensive Cardiovascular Disease — 5 yrs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 1954, to November 1954, that I last saw the deceased alive on November 9 1954, and that death occurred at 7 A M, from the causes and on the date stated above.

SIGNATURE C. Allan Freer ADDRESS M. D. 4408 Loch Raven Blvd DATE SIGNED Nov. 22, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 11/23/54 | NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem. | LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR 11-22-54 | REGISTRAR'S SIGNATURE A. E. Hedrick | 24. FUNERAL DIRECTOR: Wm. J. Dickens & Sons | ADDRESS: Baltimore Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10098

10112 CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
LENGTH OF STAY (in this place) 60
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 3057 Stafford St.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Skillman (Last) Bryant

4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH. 10-4-1875

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William L. Bryant

14. MOTHER'S MAIDEN NAME: Melissa Skillman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS. Mrs. Emma Bryant — same address

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Heart Failure

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Generalized arteriosclerosis

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-20-1953 to 11-14-1954, that I last saw the deceased alive on 11-14, 19 54, and that death occurred at 8 3/6 P M, from the causes and on the date stated above.

SIGNATURE M. Clea McCann Jr. M. D. ADDRESS 565 H DATE SIGNED 11-14-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11-17-1954 — NAME OF CEMETERY OR CREMATORY London Park — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 11-16-54 — REGISTRAR'S SIGNATURE A. Z. Hedrick Jr. — 24. FUNERAL DIRECTOR ADDRESS H. G. Truman Sr. Suburb

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

10078

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10276

Reg. Dist. No. 41

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (In this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY 1
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 33 North Ship

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) (Last) Burns
4. DATE OF DEATH: (Month) 11 (Day) 8 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Dec 2 1884	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Policeman Retired		Illinois	

13. FATHER'S NAME: John P. Staton
14. MOTHER'S MAIDEN NAME: Ellen Dohol
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Roxie Manley 33 North Ship

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular	
	(c) Disease.	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓ Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edward Burns MD	Dep. Med. Exam.	Dundalk - Rt. - Md	11/9/54

BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov. 10 - 1954	Sacred Heart Cemetery	Baltimore County	MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-10-54	G. H. Ullrich	Ullrich Funeral Home	2112 Dundalk Ave

VS A14A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10101

10115 **CERTIFICATE OF DEATH** Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Parkton. LENGTH OF STAY (in this place) 80 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rayville.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Parkton
STREET ADDRESS (If rural give location) Rayville.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Albert (Last) Calp.

4. DATE OF DEATH: (Month) Nov. (Day) 19, (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: Febr. 2 1870 | 9. AGE last birthday: 84 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10B. KIND OF BUSINESS OR INDUSTRY: Own Farm. | 11. BIRTHPLACE (State or foreign country): Millers, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Calp.

14. MOTHER'S MAIDEN NAME: Elizabeth Rubback.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: John A. Calp, Parkton, Md. R.D.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4210
IMMEDIATE CAUSE (A) Mitral Stenosis
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Arteriosclerosis
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1954 to Nov. 19, 1954 that I last saw the deceased alive on Nov. 16, 1954, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

SIGNATURE James L. Yagle | M.D. ADDRESS New Freedom | DATE SIGNED Nov. 20-54

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial | DATE THEREOF Nov. 21, 1954 | NAME OF CEMETERY OR CREMATORY St. Abrahams Cemetery | LOCATION (City, town, or county) (State) Becklersville, Balto. Co. Md.

DATE REC'D BY LOCAL REGISTRAR 11/20/54 | REGISTRAR'S SIGNATURE Charles L. Freedom | 24. FUNERAL DIRECTOR & ADDRESS Jacob Berkenstein, New Freedom, Pa.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10102

10093 CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) English Consul
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3111 Magnolia Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosemont
STREET ADDRESS (If rural, give location) 4014 Balto. Ave

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) G. (Last) Culvert

4. DATE OF DEATH: (Month) Nov (Day) 26th (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 8/27/1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardener

10b. KIND OF BUSINESS OR INDUSTRY: Miller Bros.

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Calvert

14. MOTHER'S MAIDEN NAME: Bianca Heblein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) 217-16-8707

17. INFORMANT & ADDRESS: 3111 Magnolia Ave Mrs. Wm Davis English Consul

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 da

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Generalized Arteriosclerotic Cardio-Vascular Disease — 7 yr

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/9 1949, to 11/26 1954, that I last saw the deceased alive on 11/26 1954, and that death occurred at 1.0 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Joseph F. Lankford MD ADDRESS 1216 Washington Blvd DATE SIGNED 11/29/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11/30/54

NAME OF CEMETERY OR CREMATORY Meadow Ridge

LOCATION (City, town, or county) (State) Dorsey Md.

DATE REC'D BY LOCAL REG. 11-29-54

REGISTRAR'S SIGNATURE C. M. Hilland

24. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS 1217 St. Paul St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10103

10116 CERTIFICATE OF DEATH Reg. Dist. No. 3C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON (BALTO. 12)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 633 MURDOCK ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON (BALTIMORE 12)
STREET ADDRESS (If rural give location) 633 MURDOCK ROAD

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) DRUCILA (Last) CANAVAN

4. DATE OF DEATH: (Month) Nov. (Day) 29, (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: FEB. 23, 1923

9. AGE last birthday: 31 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SECRETARY

10b. KIND OF BUSINESS OR INDUSTRY: EUDOWOOD HOSPITAL

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN J. CANAVAN

14. MOTHER'S MAIDEN NAME: CHARLOTTE D. SIPEL

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: JOHN J. CANAVAN 633 MURDOCK ROAD BALTIMORE 12, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Fibrosis and Myocardial Failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pulmonary Tuberculosis

DUE TO

(c)

Interval Between Onset And Death: 14 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1953, to Nov 29, 1954, that I last saw the deceased alive on Nov 24, 1954, and that death occurred at 12.30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Milton B. Kuss M.D.

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF Dec. 1, 1954 NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL CEMETERY LOCATION (City, town, or county) (State) BALTIMORE, MD.

DATE REC'D BY LOCAL REGISTRAR Dec. 1, 1954 REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR ADDRESS JOHN BURNS' SONS, TOWSON, MD.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10104

10117 CERTIFICATE OF DEATH Reg. Dist. No. 3C

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville LENGTH OF STAY (in this place) since 1/8/47
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balt.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 102 North Ave
STREET ADDRESS (If rural give location) Baltimore Md.

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) May (Last) Cardwell

4. DATE OF DEATH: (Month) 11 (Day) 25 (Year) 1954

5. SEX: F. 6. COLOR OR RACE: W 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single 8. DATE OF BIRTH: 2/27/1873 9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jackson Cardwell 14. MOTHER'S MAIDEN NAME: Martha Measell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arterio-sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 7

ANTECEDENT CAUSE (S) DUE TO (B) Senility — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 0 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office, bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/8/47, 19 , to 11/25/54 19 .., that I last saw the deceased alive on 11/25, 1954, and that death occurred at 9:40 A.M, from the causes and on the date stated above.

SIGNATURE Charles Ward M. D. ADDRESS Spring Grove Hosp. DATE SIGNED 11/25/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 11/29/54 NAME OF CEMETERY OR CREMATORY Loudon Park Cem. LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 11-26-54 REGISTRAR'S SIGNATURE G. H. Hedrick Jr. 24. FUNERAL DIRECTOR Wm. J. Tichnor & Sons ADDRESS Balto. Md.

Item 18 Film G1.5 11-12-54 ms

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10105

10118

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 16 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore,
STREET ADDRESS (If rural give location) 2238 E. Biddle Street

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) NICOLA Castello or DEL COSTELLO

4. DATE OF DEATH: (Month) (Day) (Year) November 7 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 3/19/94

9. AGE last birthday: 60 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoemaker

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Capra Cotta Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John DelCostello

14. MOTHER'S MAIDEN NAME: Munsy Cicorelli

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 220 09 8456

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm. Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) PULMONARY EDEMA — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

ANTECEDENT CAUSE (S) DUE TO ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — 2 Years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CARCINOMA OF TONSIL — 1 Year

19A. DATE OF OPERATION. 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA X attended the deceased from Oct. 22, 1954, to Nov. 7, 1954, and that death occurred at 5:02 PM, from the causes and on the date stated above.

SIGNATURE GEORGE LERNER, M.D. M.D.

ADDRESS VAH, Fort Howard, Md.

DATE SIGNED 11/7/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11-10-54

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 11-10-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Frank Della Nece Funeral Home 322 S. High St. Baltimore, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10106

10119

CERTIFICATE OF DEATH

Reg. Dist. No. 30

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville — LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 645 Orpington Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 645 Orpington Road.

3. NAME OF DECEASED: (Type or Print) (First) Angelo (Middle) (Last) Citrano

4. DATE OF DEATH: (Month) Nov (Day) 7 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 31, 1885

9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Barber

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Cefalu Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anthony Citrano

14. MOTHER'S MAIDEN NAME: Domenica Piazza

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-32-5562

17. INFORMANT & ADDRESS: Marie C. Citrano 645 Orpington Road-29

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute Congestive Heart failure	2 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary insufficiency DUE TO	10 yrs.
	(c) Cardiac enlargement result of hypertension DUE TO	20 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 19.54., to Nov. 7 19.54., that I last saw the deceased alive on Nov. 7, 19.54., and that death occurred at 8:45 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

J. Newton McKay M.D. 6014 Edmondson Ave Catonsville 28 Md 11/8/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Nov 10 1954

NAME OF CEMETERY OR CREMATORY New Cathedral

LOCATION (City, town, or county) (State) Balto Md.

DATE REC'D BY LOCAL REG. 11-9-54

REGISTRAR'S SIGNATURE G. W. Hedrick

24. FUNERAL DIRECTOR John F. Deupel — ADDRESS 5311 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10079

CERTIFICATE OF DEATH

10107

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turner Station
LENGTH OF STAY (in this place) 12yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 650 Peach Orchard Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turner Station 2 2,
STREET ADDRESS (If rural, give location) 650 Peach Orchard Lane

3. NAME OF DECEASED (Type or Print): (First) Mable (Middle) (Clements) (Last) Clemons
4. DATE OF DEATH (Month) (Day) (Year) 11-2-54 19

5. SEX: F
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-21-18
9. AGE last birthday: 36 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Pvt. Family
11. BIRTHPLACE (State or foreign country): Roughort, North Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Baxton Canaday
14. MOTHER'S MAIDEN NAME: Lucy (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 243-24-2812
17. INFORMANT AND ADDRESS: Otha Clemons, 650 Peach Orchard Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of left breast — Interval Between Onset and Death: 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1954 to Nov 2/54, that I last saw the deceased alive on Nov 2/54, 19..... and that death occurred at 11:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H. Thomas 107 N. Main St Butler Pa

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11-6-54
NAME OF CEMETERY OR CREMATORY: Evergreen
LOCATION (City, town, or county) (State): Durham, North Carolina

DATE REC'D BY LOCAL REG.: 11-5-54
REGISTRAR'S SIGNATURE: G. L. Hedrick JR
24. FUNERAL DIRECTOR ADDRESS: Charles R. Law, 802 Madison Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10108

10120 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
STREET ADDRESS (If rural give location) 20 S. PROSPECT AVE

3. NAME OF DECEASED: (Type or Print) (First) KATHERINE (Middle) (Last) CODD

4. DATE OF DEATH: (Month) (Day) (Year) 11 - 7 - 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: 9-16-1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months 1 Days 20 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN

14. MOTHER'S MAIDEN NAME: EMMA MARSHALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: VERNON CODD 20 S. PROSPECT AVE.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 of 3 X

IMMEDIATE CAUSE (A) DUE TO: MYOCARDIAL FAILURE

ANTECEDENT CAUSE (B): HYPERTENSIVE ARTERIOSCLEROTIC

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) CARDIOVASCULAR DISEASE

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-28, 1954 to 11-7, 1954 that I last saw the deceased alive on 11-7-, 1954, and that death occurred at 9:40 P.M., from the causes and on the date stated above.

SIGNATURE David E. Edwards M.D. ADDRESS M.D. Spring Grove State Hosp. DATE SIGNED 11-7-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11-11-54

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 11-10-54

REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR Geo. Fader Feed & Shady Brook Ave ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10109

CERTIFICATE OF DEATH

10121

Reg. Dist. No. 35

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Ruxton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7915 Ruxway Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton
STREET ADDRESS (If rural, give location) 7915 Ruxway Road

3. NAME OF DECEASED: (First) Sadie (Middle) G. (Last) Collier (Type or Print)

4. DATE OF DEATH: (Month) Nov (Day) 9th (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify) Widowed

8. DATE OF BIRTH: 1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ~~retired~~) housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James B. Gaunt

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Emerson Reed 7915 Ruxway Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Thrombosis	1 day.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Arteriosclerosis, Cerebral & Renal -	unk.
	(c) DUE TO		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Parkinsons Disease — 6 mo

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/4, 1954 to 11/9, 1954, that I last saw the deceased alive on 11/9, 1954, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Bennett A. Stacy ADDRESS Ruxtonville DATE SIGNED 11/11/54.

23. BURIAL, ~~CREMATION REMOVAL (Specify)~~: Burial — DATE THEREOF 11/12/54 — NAME OF CEMETERY OR CREMATORY Balto. — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 11-12-54 — REGISTRAR'S SIGNATURE A W Heinrich — **24. FUNERAL DIRECTOR** W. McCook Ins. — ADDRESS 1217 St. Paul St.

JST

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10110

10122

CERTIFICATE OF DEATH

Reg. Dist. No. 36

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hampton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 601 St Francis Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hampton
STREET ADDRESS (If rural give location) 601 St. Francis Road

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) R. (Last) Cox

4. DATE OF DEATH: (Month) Nov. (Day) 29, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH. Feb. 23, 1910

9. AGE last birthday 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vice Pres.

10B. KIND OF BUSINESS OR INDUSTRY: Stebbins Anderson

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ethbert Cox

14. MOTHER'S MAIDEN NAME: Margaret E. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Grace V. Cox, 601 St. Francis Road. #4

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH Sudden

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. ..., 19 54, to Nov 29, 19 54, that I last saw the deceased alive on Nov 29, 19 54, and that death occurred at 7:30 M, from the causes and on the date stated above.

SIGNATURE Charles T. O'Donnell M.D. ADDRESS 7501 York Rd DATE SIGNED 11/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Dec. 2, 1954

NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-30-54

REGISTRAR'S SIGNATURE A. W. Hahnfeld

24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road #14

Dr. O'Connell
7501 York Road
Va 3 3161

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11170

CERTIFICATE OF DEATH

10123

Reg. Dist. No. 45

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex (21) 54
MARYLAND LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 236 N. Marlin Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE md. COUNTY Balto
CITY (If outside corporate limit write RURAL and give nearest town) OR TOWN Essex (21)
STREET ADDRESS (If rural give location) 236 N. Marlin Ave

3 NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) C. (Last) Cox-McGinley

4. DATE OF DEATH: (Month) 11-27- (Day) (Year) 1954

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-12-1883

9. AGE Last birthday: 71 yrs. IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Robert Munson

14. MOTHER'S MAIDEN NAME: (Unknown)

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Harry Mulholland 6804 Dunhill Rd. Dundalk 22, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Metastatic Carcinoma

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Carcinoma of Kidney

(c)

(2.60X)

Interval Between Onset And Death: (a) 4 mo (b) unknown

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 10 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 5, 1954, to Nov. 27, 1954, that I last saw the deceased alive on Nov. 26, 1954, and that death occurred at 1:35 AM, from the causes and on the date stated above.

SIGNATURE Joseph Speck (Degree or title) MD ADDRESS 423 Eastern Ave Md DATE SIGNED 11/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11-29-54

NAME OF CEMETERY OR CREMATORY Parkwood

LOCATION (City, town, or county) Balto. Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR 12/6/54

REGISTRAR'S SIGNATURE Edith Hurley

24. FUNERAL DIRECTOR Walter Burke Funeral Dundalk, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10111

10124 CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 194 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore #1
STREET ADDRESS (If rural give location) 840 W. Pratt Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) J. (Last) CRANE

4. DATE OF DEATH: (Month) (Day) (Year) November 1, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: December 7, 1895

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Car Man

10B. KIND OF BUSINESS OR INDUSTRY: Railroad B&O R.R.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Walter Crane

14. MOTHER'S MAIDEN NAME: Mary Jane MN: Boyce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 215-09-0027

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hlspital, Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) PULMONARY TUBERCULOSIS, FAR ADVANCED

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 6 MONTHS PLUS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Apr. 21, 1954, to Nov. 1, 1954, and that death occurred at 9:40 P.M., from the causes and on the date stated above.

SIGNATURE F. G. Dickey ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 11-2-54

F. G. DICKEY, M.D., Chief, Medical Service M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11/5/54

NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-3-54

REGISTRAR'S SIGNATURE G. Z. Hedrick Jr

24. FUNERAL DIRECTOR ADDRESS John J. Cowan and Son 901 Hollins Street, Baltimore, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

10125

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10112

Reg. Dist. No. 37

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lutherville
MARYLAND
LENGTH OF STAY (in this place): Sudden
HOSPITAL OR INSTITUTION OR STREET ADDRESS: New York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Odenton
STREET ADDRESS (If rural, give location): R.F.D. #1 Box 44

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Glen (Last) Denton
4. DATE OF DEATH: (Month) Nov (Day) 3 (Year) 1954.
5. SEX: M
6. COLOR OR RACE: Wht.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 12-1905
9. AGE last birthday: 49 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Longley Const. Co.
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Benjamin A. Denton
14. MOTHER'S MAIDEN NAME: Annie L. Potett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 712-14-1480
17. INFORMANT AND ADDRESS: Mrs. Eunice M. Denton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxiation (Cave in of dirtbank at work) — Interval between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ✓ OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: At work
(CITY OR TOWN): Lutherville (COUNTY): Balto (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): Nov m.
INJURY OCCURRED While at work ✓ Not while at work ☐
HOW DID INJURY OCCUR: Dirt bank caved in at work burying deceased.

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection ✓ Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes __, accident ✓ suicide __, homicide __, undetermined __.*

SIGNATURE: Collin L. Hudson (Degree or title) M.D. M.E. ADDRESS: Towson Md. DATE SIGNED: 11/3/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov. 8, 1954 | NAME OF CEMETERY OR CREMATORY: Holy Cross | LOCATION (City, town, or county) (State): Brooklyn Md.

DATE REC'D BY LOCAL REG.: November 6, 1954 | REGISTRAR'S SIGNATURE: L. J. Daeba

24. FUNERAL DIRECTOR: T. W. SINGLETON ADDRESS: GLEN BURNIE, MD.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10113

10126

CERTIFICATE OF DEATH

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Randallstown
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Winans Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Randallstown
STREET ADDRESS (If rural, give location): Winans Road

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
FRANK DORSEY	Nov. 4, 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Colored	Married	Feb. 5, 1888	66 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Janitor	Bank	St. Marys Co. Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Dorsey	Mollie Charity

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	215-16-2996	Mrs. Mary Dorsey Winans Road Randallstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	1/2 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1/54, to 11/4/54, that I last saw the deceased alive on 11/4/54, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Thos E. Martin M.D. Randallstown Md 11/4/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 7, 1954	St. Thomas	Randallstown Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR AND ADDRESS
11/4/54	Thos E. Martin	Sherrard Funeral Home 1631 Druid Hill Ave

RECEIVED
NOV 10 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10114

10086

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Halethorpe
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Paddock Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Halethorpe
STREET ADDRESS (If rural give location): 1950 North Rock ave

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) May (Last) Elwood

4. DATE OF DEATH: (Month) 11 (Day) 25 (Year) 1954

5. SEX: F — 6. COLOR OR RACE: Col. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M — 8. DATE OF BIRTH: 5-12-1901 — 9. AGE last birthday: 53 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress — 10B. KIND OF BUSINESS OR INDUSTRY: Suit factory — 11. BIRTHPLACE (State or foreign country): White Hall Md — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Milton E. Horton — 14. MOTHER'S MAIDEN NAME: Hattie J. Horton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: ? — 17. INFORMANT'S ADDRESS: Milton J. Horton 1017 N. Bentley

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cancer of Liver — Sa John Hopkins

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

156.1

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1954 to Nov. 25, 1954 that I last saw the deceased alive on Nov. 18, 1954, and that death occurred at 12.45 A M, from the causes and on the date stated above.

SIGNATURE AND ADDRESS: Harry Hedrick M.D. — DATE SIGNED: 64 Bowyer Rd Edgewood Md

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 11-29-54 — NAME OF CEMETERY OR CREMATORY: White Hall — LOCATION (City, town, or county) (State): White Hall Md

DATE REC'D BY LOCAL REGISTRAR: 11-29-54 — REGISTRAR'S SIGNATURE: C. Z. Hedrick Jr — 24. FUNERAL DIRECTOR AND ADDRESS: Elroy O. Wilson 1740 Bentley

MARYLAND STATE DEPARTMENT OF HEALTH

10127 10115

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. Co — LENGTH OF STAY (in this place) 47 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 7606 Queen Anne Drive

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) E (Last) Ellenberger

4. DATE OF DEATH: (Month) Nov (Day) 22 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb 27-1867

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Balto City md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lothar Rinpa

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Ray Henry W. Ellenberger 7606 Queen Anne Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease & fibrillation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ....

(c) ....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 27, 19..., to Nov 22, 1954, that I last saw the deceased alive on Nov 20, 1954, and that death occurred at 11:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis Krause — ADDRESS 11 E Chase St — DATE SIGNED 11/23/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 11/25/54 — NAME OF CEMETERY OR CREMATORY: Zion Luth Cem — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 11-23-54 — REGISTRAR'S SIGNATURE G. Ira Hedrick M.D. — 24. FUNERAL DIRECTOR — ADDRESS: Lassahn Funeral Home 7401 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10116

10128 **CERTIFICATE OF DEATH** Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sparrows Point X; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 299 Beltzer Road X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point; STREET ADDRESS (If rural give location) 299 Beltzer Road

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Mrs. Elizabeth Eslinger

4. DATE OF DEATH. (Month) (Day) (Year) Nov. 24th 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Apr. 25, 1870 or 71

9. AGE last birthday: 84 or 85 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Brandau

14. MOTHER'S MAIDEN NAME: Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: 299 Beltzer Road Mrs. Carrie Dohler Beltzer Dorsch,

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardio-respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S) DUE TO (B) Arterio-sclerotic cardio-vascular — 5 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1947, to Nov., 1954, that I last saw the deceased alive on Nov 23, 1954, and that death occurred at 1273 P M, from the causes and on the date stated above.

SIGNATURE Robert E. Farber M. D. ADDRESS Sparrows Point, Md DATE SIGNED 11-24-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Nov. 27 1954

NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: NOV 24-54

REGISTRAR'S SIGNATURE: Doreen L. Harber

24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road #14

Dr. Robert Farber
914 D Street
Sparrows Point.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10117

10129

CERTIFICATE OF DEATH

Reg. Dist. No. 8

Item 2, Film 74 12-2-54 ot

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home 812 Register Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson Owings Mills
STREET ADDRESS (If rural give location) Armacost Nursing Home

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) RACHEL (Last) FARQUHARSON

4. DATE OF DEATH: (Month) November (Day) 25, (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Jan. 11, 1871

9. AGE last birthday 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Benjamin F. Groff

14. MOTHER'S MAIDEN NAME: Elizabeth Denmead

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) # (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: John S. Rossell, 122 W. Lanvale Street

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Myocardial Insufficiency arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 2 week

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO: Hypertensive Cardio Renal — 10 yrs

(C) Vascular Disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1954 to Nov 25, 1954, that I last saw the deceased alive on Nov 24, 1954, and that death occurred at 3:45 A M, from the causes and on the date stated above.

SIGNATURE Charles F. O'Donnell M.D. ADDRESS 7501 York Rd DATE SIGNED 11/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial — DATE THEREOF 11/27/54 — NAME OF CEMETERY OR CREMATORY Green Mount Cemetery — LOCATION (City, town, or county) Baltimore, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 11-26-54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. Cook Jr. ADDRESS 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10118

10130

CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Overlea
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4322 Kenwood Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Overlea
STREET ADDRESS (If rural give location) 4322 Kenwood Avenue

3. NAME OF DECEASED. (Type or Print) (First) MARGARET (Middle) WHITSON (Last) FAUST

4. DATE OF DEATH: (Month) November (Day) 30, (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: December 30, 1879

9. AGE last birthday 74 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Wilmington, Delaware

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John ? Whitson

14. MOTHER'S MAIDEN NAME: Sarah J. Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: C. Gertrude Faust, 4322 Kenwood Avenue

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Metastatic carcinoma — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) DUE TO Renal tumor

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION

19B MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1953, to Nov 30, 1954, that I last saw the deceased alive on Nov 29, 1954, and that death occurred at 11 A. M, from the causes and on the date stated above.

SIGNATURE L. Rigler M.D ADDRESS 1411 OVERLEA AVE DATE SIGNED 12-1-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial

DATE THEREOF 12/3/54

NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery

LOCATION (City, town, or county) Baltimore, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 12-1-54

REGISTRAR'S SIGNATURE G. E. Hedrick

24 FUNERAL DIRECTOR Wm Cook Inc., ADDRESS 1217 St. Paul Street

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10119

10131 **CERTIFICATE OF DEATH** Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD X
LENGTH OF STAY (in this place) 14 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 2027 HILLENWOOD ROAD

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) E. (Last) FRALEY

4. DATE OF DEATH: (Month) (Day) (Year) NOVEMBER 27 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 10-6-16

9. AGE last birthday: 38 yrs IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK

10B. KIND OF BUSINESS OR INDUSTRY: POST OFFICE

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROBERT FRALEY

14. MOTHER'S MAIDEN NAME: BEATRICE McMANN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 213-05-6687

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

545 X

IMMEDIATE CAUSE (A) CHRONIC GLOMERULONEPHRITIS — INTERVAL BETWEEN ONSET AND DEATH: 9 YEARS

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV. 13 1954, to NOV. 27, 1954, that ~~he~~ ~~she~~ was alive on ~~[illegible]~~ and that death occurred at 12:25 AM, from the causes and on the date stated above.

VA

SIGNATURE Harold S. Tidler M.D. ADDRESS VAH, FT HOWARD, MD DATE SIGNED 11-27-54

HAROLD S. TIDLER, M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 12-1-54 — NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL — LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 11-29-54 — REGISTRAR'S SIGNATURE G. H. Frederick Jr.

24. FUNERAL DIRECTOR JAMES L. McCULLY — ADDRESS 128 E. FORT AVE. BALTIMORE, MD.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10120

10132

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15'— 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard X
LENGTH OF STAY (in this place) 111 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY BALTIMORE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodlawn X
STREET ADDRESS (If rural give location) Dogwood Road

3. NAME OF DECEASED: (Type or Print) (First) JACOB (Middle) (NMI) (Last) FRANCE

4. DATE OF DEATH: (Month) (Day) (Year) November 16 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: March 20, 1897
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Woodlawn, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James France
14. MOTHER'S MAIDEN NAME: Ella MN: Lilly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hospital,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF RIGHT TONSIL WITH CERVICAL METASTASES — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 54, to Nov.16, 1954, and that death occurred at 9:10 AM, from the causes and on the date stated above.

SIGNATURE Milton Ginsberg Acting
MILTON GINSBERG, M.D. Chief, Surgical Services
ADDRESS VAH, FORT HOWARD, MARYLAND
DATE SIGNED 11-16-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11-20-54
NAME OF CEMETERY OR CREMATORY Good Shepherd Cemetery
LOCATION (City, town, or county) (State) Ellicott City, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-17-54
REGISTRAR'S SIGNATURE Margaret A. Carter
John B. Singleman M.D. Per B.E.L.
24. FUNERAL DIRECTOR AND ADDRESS F. C. Higinbothom Funeral Home 143 Main Street, Ellicott City, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10133

CERTIFICATE OF DEATH

10121

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard, X
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 37 Langley Road

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) C. (Last) FRAVEL

4. DATE OF DEATH: (Month) November (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3/14/89

9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier

10B. KIND OF BUSINESS OR INDUSTRY: U. S. Army

11. BIRTHPLACE (State or foreign country): Owensville, Indiana

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Benjamin Fravel

14. MOTHER'S MAIDEN NAME: Sarah Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet. Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) LEFT CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 1 WEEK

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. HYPERTENSIVE CARDIOVASCULAR DISEASE — UNKNOWN

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 22, 1954 to Nov. 28.., 1954 [illegible], and that death occurred at 3:05 P.M., from the causes and on the date stated above.

SIGNATURE William B. Vandegrift ADDRESS M. D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 11-29-54

WILLIAM B. VANDEGRIFT, M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF DEC. 1, 1954 — NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Wm.Cook-Blight Inc. Funeral Home 6009 Harford Road, Baltimore 14, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10134

CERTIFICATE OF DEATH

Reg. Dist. No. 10122

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard X
LENGTH OF STAY (in this place) 14 8
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01-4
STREET ADDRESS (If rural give location) 2439 Woodbrook Avenue

3. NAME OF DECEASED: (Type or Print) (First) ALONZO (Middle) B. (Last) FRY

4. DATE OF DEATH: (Month) November (Day) 3, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 8/26/86

9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter

10B. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Baltimore County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Fry

14. MOTHER'S MAIDEN NAME: Louisa Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 215-01-4437

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm. Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF ESOPHAGUS — INTERVAL BETWEEN ONSET AND DEATH: 1 YEAR

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 7/13/54 3

19B. MAJOR FINDINGS OF OPERATION: Exploratory Thoracotomy

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from June 8, 1954, to Nov. 3, 1954, and that death occurred at 5:10 P.M., from the causes and on the date stated above.

SIGNATURE William B. Vandegrift M.D.

WILLIAM B. VANDEGRIFT, M.D.

ADDRESS VAH, FORT HOWARD, MD.

DATE SIGNED 11-4-54

M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11/8/1954

NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-8-54

REGISTRAR'S SIGNATURE G. M. Kehrer Jr.

24. FUNERAL DIRECTOR ADDRESS Arlington S. Phillips, 1808 N. Monroe St. Baltimore 17, Maryland

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10135 **CERTIFICATE OF DEATH** Reg. Dist. No. 10123

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kingsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Belair Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kingsville
STREET ADDRESS (If rural give location) Belair Road

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Martha A. (Last) Gagnon

4. DATE OF DEATH: (Month) (Day) (Year) November 7 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept. 18, 1900

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gofred Schmidt

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Frank X. Gagnon, Belair Rd. Kingsville Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — 7 da.

ANTECEDENT CAUSE (S) (B) DUE TO General atherarclerosis — 10 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Rheumatoid arthritis — 7 yrs.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 3, 1946 to Nov. 7, 1954, that I last saw the deceased alive on Nov. 6, 1954 and that death occurred at 7:45 P.M. from the causes and on the date stated above.

SIGNATURE Clifford F. Hudson M.D. ADDRESS Fork Md. DATE SIGNED 11/7/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Nov. 1954 — NAME OF CEMETERY OR CREMATORY: Balto National Cem. — (LOCATION (City, town, or county)) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-8-54 — REGISTRAR'S SIGNATURE G. M. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Leonard J. Ruck, 5305 Harford Road #14

Dr. Clifford Hudson
Fork, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10124

10136 **CERTIFICATE OF DEATH**

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eaton Ridge Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) Formerly of 1414 Hanover St

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) M. (Last) Gallery

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) '54 19

5. SEX: Female

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Mch. 25, 1872

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): N.W.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Balto. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ross

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Agnes Pease, 3322 Eaton Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio Sclerotic

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: V

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to Nov., 19[illegible], that I last saw the deceased alive on Nov. 2, 19[illegible], and that death occurred at 10:05 P. m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED 4/Nov.

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: Nov. 6/54

NAME OF CEMETERY OR CREMATORY: New Cathedral

LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 11-5-54

REGISTRAR'S SIGNATURE: A. E. Hedrick

24. FUNERAL DIRECTOR: Harry H. Whitfield ADDRESS 4101 Edmondson Ave.

JK

Lt. McGrath
1709 Edm. Av. - Cal.

1 to 2.30
6 to 8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10125

10137

Item 12, Filed 11-29-54 **CERTIFICATE OF DEATH** Reg. Dist. No. ..

1. NAME OF DECEASED (Type or Print): Mrs. Rose Gangi (Gangi)
2. DATE OF DEATH: Nov. 17.54.
3. PLACE OF DEATH: A. Baltimore City, Maryland 1117 Regester Ave
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore County
c. Length of stay in Baltimore: 52 Yrs. Days
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md. B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore X
D. STREET ADDRESS (If rural, give location): 1117 Regester Ave
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 3rd 1880
9. AGE (In years last birthday): 74 If Under 1 Year: Months Days If Under 24 Hours: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Tusa-Messina Italy
12. CITIZEN OF WHAT COUNTRY? Italy ✓
13. FATHER'S NAME: Santo Palmisano
14. MOTHER'S MAIDEN NAME: Concetta Cefalu'
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.
17. INFORMANT: Peter Gangi Jr. ADDRESS 1355 Northern Park Way

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Ruptured Aortic Aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 5 years
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Arteriosclerosis
DUE TO
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: None
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): None
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): None

22. I hereby certify that I attended the deceased from March, 1950, to Nov. 17, 1954, that I last saw the deceased alive on Nov. 15, 1954, and that death occurred at 11:30 Am., from the causes and on the date stated above.

23A. SIGNATURE: L. Carl Myers M. D.
23B. ADDRESS: 140 E. Cold Spring Lane. 12
23C. DATE SIGNED: Nov. 19.54

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Nov. 20 1954
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: 11-19-54
REGISTRAR'S SIGNATURE: A. K. Hedrick
25. FUNERAL DIRECTOR: Frank Della Rocca ADDRESS: 322 S. High St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

10126

MARYLAND

STATE DEPARTMETT OF HEALTH

10087

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ARbutus
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5504 CARVILLE AVE

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: md — COUNTY: BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ARbutus
STREET ADDRESS (If rural, give location): 5504 CARVILLE AVE

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) E. (Last) GARRETT

4. DATE OF DEATH: (Month) NOV (Day) 5 (Year) 54

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 4-15-1875

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED CONDUCTOR

10b. KIND OF BUSINESS OR INDUSTRY: B&O. R.R.

11. BIRTHPLACE (State or foreign country): BALTO Co md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: MAGGIE M. GARRETT 5504 CARVILLE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)..... Coronary

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b).... (c)....

INTERVAL BETWEEN ONSET AND DEATH: 1948

3 Mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1948

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-14, 19 54, to 11-15, 19 54, that I last saw the deceased alive on Nov 13, 19 54 and that death occurred at 7:31 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 11-15-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: NOV 8-1954 — NAME OF CEMETERY OR CREMATORY: LOUDON PARK CEM — LOCATION (City, town, or county) (State): BALTO md

DATE REC'D BY LOCAL REG.: 11-15-54 — REGISTRAR'S SIGNATURE: A. L. Hedrick M.D. — 24. FUNERAL DIRECTOR: HOFF & B. M. Walker — ADDRESS: PRATT & STRICKER Sts

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10127

10088 CERTIFICATE OF DEATH

Reg. Dist. No. ..

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A11 — 10 - 53

1. PLACE OF DEATH.
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lansdowne
LENGTH OF STAY (in this place) 51
HOSPITAL OR INSTITUTION OR STREET ADDRESS 130 First Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lansdowne
STREET ADDRESS (If rural give location) 130 First Ave.

3. NAME OF DECEASED: (Type or Print) (First) SALLIE (Middle) M. (Last) GEIGER

4. DATE OF DEATH: (Month) Nov. (Day) 3, (Year) 19 54

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: Oct. 31, 1875
9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter Buckheit
14. MOTHER'S MAIDEN NAME: Lena Feldner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Lansdowne
Mrs. Charles Lautenschlager-130 First Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic cardiac renal disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral-Thrombosis — 4 days

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1954 to 11/3, 1954, that I last saw the deceased alive on 11/3, 1954 and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE AND M.D. Benjamin Miller M.D. — ADDRESS 3 E. Willow Ave — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 11/6/54
NAME OF CEMETERY OR CREMATORY: Baltimore Mem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: 11-4-54
REGISTRAR'S SIGNATURE: C. M. Hedrick Jr.
24. FUNERAL DIRECTOR: Wm. J. Pickens & Sons — ADDRESS: Balto 17 Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10128

10138

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Parkton
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dunk Freeland Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Parkton.
STREET ADDRESS (If rural give location) Dunk Freeland, Rd.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) (Last) Gemmill.

4. DATE OF DEATH (Month) (Day) (Year) November 6, 1954.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow.
8. DATE OF BIRTH: March 12 1873
9. AGE last birthday: 81 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own home.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Brent.
14. MOTHER'S MAIDEN NAME: Gertrude Boone.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Bertha Morris, Parkton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cardio-Vascular disease
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, to Nov. 6, 1954 that I last saw the deceased alive on Nov. 5, 1954, and that death occurred at 12:35 P.M., from the causes and on the date stated above.

SIGNATURE M. M. Frame M.D. ADDRESS Parkton Md. DATE SIGNED 11/6/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Nov. 8, 1954
NAME OF CEMETERY OR CREMATORY: New Market Cemetery
LOCATION (City, town, or county) (State): Maryland Line, Md.

DATE REC'D BY LOCAL REGISTRAR: Nov 6 1954
REGISTRAR'S SIGNATURE: Oscar L. Fenton
24. FUNERAL DIRECTOR: Jacob Harlenstein
ADDRESS: New Freedom, Pa.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10129

MARYLAND STATE DEPARTMENT OF HEALTH

10139

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
LENGTH OF STAY (in this place): 6 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 91 Poplar Road, Essex 21

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 418 N. Belnord Avenue

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) C. (Last) George

4. DATE OF DEATH: (Month) Nov. (Day) 4 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 15, 1906

9. AGE last birthday: 48 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Cooper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward C. George

14. MOTHER'S MAIDEN NAME: Gertrude Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-09-0140

17. INFORMANT AND ADDRESS: Mrs. Christina George 418 N. Belnord Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Coronary Heart Disease

(c):

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour):

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/2, 19 54, to 11/4/, 19 54, that I last saw the deceased alive on 11/3/, 19 54, and that death occurred at 1 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. Vogel Jr. M.D.

ADDRESS: 260 E. Fremont St.

DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Nov 8, 1954

NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 11-5-54

REGISTRAR'S SIGNATURE: A W Redmond

24. FUNERAL DIRECTOR: Lilly & Zeiler Inc. ADDRESS: 403 S. Wolfe St.

450

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10987

10140

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information as fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (In this place) 44 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 868 CARROLL STREET

3. NAME OF DECEASED: (First) JOHN (Middle) P. (Last) GERWIG
4. DATE OF DEATH: (Month) NOVEMBER (Day) 27 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 1-16-91
9. AGE last birthday: 63 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LATHING
10B. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES GERWIG
14. MOTHER'S MAIDEN NAME: MARY MN: McCOMAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 215-12-0137
17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD,MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF LEFT LUNG — INTERVAL BETWEEN ONSET AND DEATH: 6 Months

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from OCT. 14, 1954, to NOV. 27, 1954, that I last saw the deceased alive on [illegible] and that death occurred at 8:35A M, from the causes and on the date stated above.

SIGNATURE: WILLIAM B. VANDERGRIFT, M. D.
ADDRESS: M. D. VAH, FORT HOWARD, MD
DATE SIGNED: 11-27-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: Nov. 30, 1954
NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL
LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 12-01-54
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: WILLIAM COOK-BLIGHT INC.
ADDRESS: 6009 HARFORD RD. BALTIMORE, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

10130

10089

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING. PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne — LENGTH OF STAY (In this place) /
HOSPITAL OR INSTITUTION OR STREET ADDRESS 118 Clyde ave X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural, give location) 118 Clyde ave

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Thomas (Last) Gibson
4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 26 1883
9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Boo RR
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Gibson
14. MOTHER'S MAIDEN NAME: Alice Blakely

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-05-6013
17. INFORMANT AND ADDRESS: John H. Gibson 118 Clyde Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title) ADDRESS — DATE SIGNED
Geo. McKieffer M.D. Physician Balto Co. 1010 Leadenhall Nov 25 54

BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE OF DEATH: Nov. 29 1954
NAME OF CEMETERY OR CREMATORY: Ivorton Park
LOCATION (City, town, or county) (State): Baltimore, Md

DATE ACCEPTED BY LOCAL REGISTRAR: Nov 26 54
REGISTRAR'S SIGNATURE: Geo McKieffer
24. FUNERAL DIRECTOR — ADDRESS: Joseph T. Lambert, Jr. 13 Lexington Ave. Balto.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10131

10141 CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: 153A Winters Ave
COUNTY Baltimore Co MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cantonsville
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 153A Winters Ave. X

2. USUAL RESIDENCE (HOME) OF DECEASED: 153A Winters Ave.
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cantonsville, Md.
STREET ADDRESS (If rural give location) 153A Winters Ave

3. NAME OF DECEASED: (Type or Print) (First) Kevin (Middle) Donald (Last) Glascoe

4. DATE OF DEATH: (Month) 11 (Day) 13 (Year) 1954

5. SEX: M

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 6 Oct 54

9. AGE last birthday yrs. 1 | IF UNDER 1 YEAR Months | Days 8 | IF UNDER 24 HRS. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Harry James Glascoe

14. MOTHER'S MAIDEN NAME: Thelma Bernice Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mr. Harry James Glascoe 153A Winters Ave. Cantonsville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

774X IMMEDIATE CAUSE (A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSE (B) DUE TO Prematurity

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Nov, 1954, to 13 Nov, 1954, that I last saw the deceased alive on 12 Nov, 1954, and that death occurred at 7A M, from the causes and on the date stated above.

SIGNATURE C. K. Davidson M.D. ADDRESS 305 Winters Ave. Cantonsville Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Nov 16 NAME OF CEMETERY OR CREMATORY Mt Auburn LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 11-16-54 REGISTRAR'S SIGNATURE F. E. Harry

24. FUNERAL DIRECTOR A. Halstead ADDRESS 918 Druid Hill Ave

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

10142

10132

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

Ltr. 1 film 174 12-3-54 et

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point X
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: At Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point Route 10 Balto, 19, Md
STREET ADDRESS (If rural, give location): 370 North Point Rd

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) John (Last) Golombowski

4. DATE OF DEATH: (Month) Nov, (Day) 29th (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: about 1878

9. AGE last birthday: 76 /?? yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmland

10b. KIND OF BUSINESS OR INDUSTRY: Geo. H. Stratmann

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? SA

13. FATHER'S NAME: John Golombowski

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 214-14-2309

17. INFORMANT AND ADDRESS: Mary Golombowski 370 North Point Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure — 3 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerotic cardio-vascular disease — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to Nov, 1954, that I last saw the deceased alive on Nov 27, 1954, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

SIGNATURE: Robert E. Farber — (Degree or title) M.D. — ADDRESS: 914 D St. Sparrows Point Md — DATE SIGNED: 11-30-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-2-54 — NAME OF CEMETERY OR CREMATORY: Sacred Heart Of Mary — LOCATION (City, town, or county) (State): Gorman Hill Rd, Balto, Md.

DATE REC'D BY LOCAL REG.: Dec. 30-54 — REGISTRAR'S SIGNATURE: Dawson L. Farber — 24. FUNERAL DIRECTOR: George A. Weber — ADDRESS: 705 S Ann St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

10143

10133
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Woodlawn
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS NONE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Woodlawn Pc., Md.
STREET ADDRESS (If rural, give location) Box 220 Rollins Rd.

3. NAME OF DECEASED: (Type or Print) (First) KENNETH (Middle) R. (Last) GRABILL

4. DATE OF DEATH (Month) Nov. (Day) 17, (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white			4 yrs. yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
NONE	NONE	BALTIMORE Md	US

13. FATHER'S NAME: TRUMAN GRABILL

14. MOTHER'S MAIDEN NAME: MARY REAVER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	no	Box 220 TRUMAN GRABILL, Rolling Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Meningococcus septicemia	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE P B Fisher M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED Nov. 18, 1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	11/20/54	Sorrows Pork Cem	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-18-54	Aug. C. Bonsall	Charles P. Towell	6411 Windsor Mill Rd

VS. A15A - 5 - 53

Item 18 Film G173 11-29-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10134

10144

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
LENGTH OF STAY (in this place) 6 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS IVY HALL CONV. HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 7330 GERMAN HILL RD.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Grabowski

4. DATE OF DEATH: (Month) NOV (Day) 18 (Year) 1954

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 8-11-1902

9. AGE last birthday 52 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): BALTIMORE

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN KACZOROWSKI

14. MOTHER'S MAIDEN NAME: CATHERINE TIMA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: BOLESLAW GRABOWSKI 7330 GERMAN HILL RD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Cerebro-Vascular Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO: Carcinomatosis — 2 yrs
(C): Carcinoma of left breast

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV. 16 1954 to NOV. 18, 1954 that I last saw the deceased alive on NOV. 18, 1954, and that death occurred at 6.32 A M, from the causes and on the date stated above.

SIGNATURE M. D. Wm Baumgardner — ADDRESS Balto 6 Md — DATE SIGNED 11/18/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF: 11-22-54 — NAME OF CEMETERY OR CREMATORY: SACRED HEART OF MARY — LOCATION (City, town, or county) (State): BALTIMORE COUNTY MD.

DATE REC'D BY LOCAL REGISTRAR: 11-19-54 — REGISTRAR'S SIGNATURE: A. W. Hedrick Jr. — 24. FUNERAL DIRECTOR: Raymond L. Kaczorowski — ADDRESS: 2525 FLEET ST.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10135

10145

CERTIFICATE OF DEATH

Reg. Dist. No. 44

Item 12, Film 173 11-29-54 et

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard; LENGTH OF STAY (in this place) 86 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural give location) 206 E. Cross Street

3. NAME OF DECEASED: (First) WILLIAM (Middle) A (Last) GREENE

4. DATE OF DEATH (Month) November (Day) 19 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8/9/87

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction

10B. KIND OF BUSINESS OR INDUSTRY: Shipyard

11. BIRTHPLACE (State or foreign country): Province of Quebec, Canada

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Greene

14. MOTHER'S MAIDEN NAME: Elizabeth Damboise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 203 07 2505

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF BLADDER WITH METASTASIS TO LUNG — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 9-11-54, 9-29-54

19B. MAJOR FINDINGS OF OPERATION: Transurethral resection of carcinoma of bladder

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 25, 1954, to Nov. 19, 1954, that I last saw the deceased alive on [illegible] and that death occurred at 1:15 P M, from the causes and on the date stated above.

SIGNATURE AND TITLE OF PERSON CERTIFYING: WILLIAM B. VANDEGRIFT, M.D. ADDRESS: M D. VAH, Fort Howard, Md. DATE SIGNED: 11-20-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial; DATE THEREOF; NAME OF CEMETERY OR CREMATORY: Baltimore National; LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 11-30-54; REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: John F. Denny Inc. Funeral Home Light & Montgomery Streets, Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10136

10080 CERTIFICATE OF DEATH Reg. Dist. No. 4-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 22 53
MARYLAND LENGTH OF STAY (in this place) 23 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6805 BRENTWOOD AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22)
STREET ADDRESS (If rural give location) 6805 BRENTWOOD AVE.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (NMI) (Last) GRIFFITH

4. DATE OF DEATH: (Month) NOV. (Day) 4 (Year) 1954

5. SEX: M. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED 8. DATE OF BIRTH: OCT. 18, 1874 9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY: GENLR. CONSTR.
11. BIRTHPLACE (State or foreign country): W. VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE GRIFFITH
14. MOTHER'S MAIDEN NAME: ESTHER ANN ROSS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-05-4532A
17. INFORMANT & ADDRESS: DAISY GRIFFITH — SAME AS (2)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) CEREBRAL THROMBOSIS — Interval Between Onset And Death: 10 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ARTERIOSCLEROTIC C.V. DISEASE — 5 yrs
DUE TO
(c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Nov 4, 1954, that I last saw the deceased alive on Nov 4, 1954, and that death occurred at 10:40 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Stephen C. Mockowski M.D.
ADDRESS 6714 Holabird Ave Baltimore 22 Md
DATE SIGNED 11/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 11-8-1954
NAME OF CEMETERY OR CREMATORY ST. PAULS
LOCATION (City, town, or county) O'DONNELL ST, BALTO. Md (State)

DATE REC'D BY LOCAL REGISTRAR 11-6-1954
REGISTRAR'S SIGNATURE Katherine M Kerr
24. FUNERAL DIRECTOR ADDRESS Butler Bros Brooklyn, Baltimore Md

m 7,FilmG173 11-12-54 et

10137

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10145

No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Brandt Nursery, Upper Falls

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Baltimore

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Brandt Nursery-Upper Falls

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) GUS (Last)

4. DATE OF DEATH (Month) Nov. (Day) 3 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White		1888	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm Nursery	Poland	

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Wife, Box 2126 Towson St Baltimore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Massive intracerebral hemorrhage	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐
2		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 11/4/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-6-54	St Adalbert's	Pulaski Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-4-54	H. R. Hedrick	[illegible]	4107 Wilkens Ave

JK

10147

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10138

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Marsh; STREET ADDRESS (If rural, give location) 1015 Red Lion Road

3. NAME OF DECEASED (Type or Print): (First) AMELIA (Middle) (Last) HAINES

4. DATE OF DEATH: (Month) Nov. (Day) 10th (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): m.

8. DATE OF BIRTH: June 23, 1900

9. AGE last birthday: 54 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Carroll Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jesse A. Harden

14. MOTHER'S MAIDEN NAME: Lucy Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mr. Thomas W. Haines, 1015 Red Lion Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis peritonei — Interval Between Onset and Death: 2 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Stomach — 3-4 mos

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic duodenal ulcer — 3 years.

19a. DATE OF OPERATION: Sept 1954

19b. MAJOR FINDINGS OF OPERATION: Asalode

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 26, 1942 to Nov 10, 1954, that I last saw the deceased alive on Nov 9, 1954, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE Ramsey L. Fuller MD (Degree or title) ADDRESS Ridge Rd Baltimore 6 md DATE SIGNED Nov 54

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF Nov 13, 1954 — NAME OF CEMETERY OR CREMATORY: Mt. Pleasant Cemetery — LOCATION (City, town, or county) (State): Westminster, Md.

DATE REC'D BY LOCAL REG. 11/17/54 — REGISTRAR'S SIGNATURE Edith Hurley

24. FUNERAL DIRECTOR: Lasanah Funeral Home — ADDRESS 7401 Belair Rd.

NOV 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10139

10148 CERTIFICATE OF DEATH Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]ville
LENGTH OF STAY (in this place) [illegible] 16
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible]arland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]
STREET ADDRESS (If rural give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) Sally (Middle) (Last) Holroell

4. DATE OF DEATH: (Month) November (Day) 1, (Year) 19[illegible]

5. SEX: [illegible]

6. COLOR OR RACE: [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): [illegible]

8. DATE OF BIRTH: 10-3-1876

9. AGE last birthday [illegible] yrs IF UNDER 1 YEAR, Months [illegible] Days [illegible] IF UNDER 24 HRS., Hours [illegible] Min. [illegible]

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: [illegible]ge D. [illegible]er

14. MOTHER'S MAIDEN NAME: Narcissus [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) [illegible] (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Gr[illegible]e Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral hemorrhage

ANTECEDENT CAUSE (B) DUE TO Cerebral [illegible]

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH [illegible]

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic heart [illegible]e Years

19A. DATE OF OPERATION: [illegible]

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-31-, 19[illegible] to 11-[illegible], 19[illegible], that I last saw the deceased alive on 11-3-[illegible], 19 . , and that death occurred at [illegible] P.M., from the causes and on the date stated above.

SIGNATURE Ethel B. Hertzmann, Queen M.D. ADDRESS [illegible] DATE SIGNED 11-[illegible]-[illegible]

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 11/8/54 NAME OF CEMETERY OR CREMATORY Family Lot LOCATION (City, town, or county) (State) Huntington W Va

DATE REC'D BY LOCAL REGISTRAR 11/4/54 REGISTRAR'S SIGNATURE P.E. Harry

24. FUNERAL DIRECTOR [illegible] MacNatt & Son ADDRESS

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10140

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10149

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard; LENGTH OF STAY (in this place) 35 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 3125 Brenden Avenue

3. NAME OF DECEASED: (First) JAMES (Middle) F. (Last) HAMILTON

4. DATE OF DEATH: (Month) November (Day) 20 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 11/6/01905

9. AGE last birthday 49 50 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10B. KIND OF BUSINESS OR INDUSTRY: Laundry

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Hamilton

14. MOTHER'S MAIDEN NAME: Elizabeth Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 212 10 6424

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.Ft.Howard, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CANCER OF LEFT LUNG — INTERVAL BETWEEN ONSET AND DEATH: 1 Year

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Oct. 16, 1954, to Nov. 20, 1954, and that death occurred at 11:30 M. from the causes and on the date stated above.

SIGNATURE, M. D. WILLIAM B. VANDEGRIFT, M.D.

ADDRESS VAH, Fort Howard, Maryland

DATE SIGNED 11/21/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Nov. 24, 1954

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 11-22-54

REGISTRAR'S SIGNATURE C. M. Hedrick

24. FUNERAL DIRECTOR ADDRESS John Ullrich Funeral Home 4210 Belair Rd. Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10141

10150

CERTIFICATE OF DEATH

Reg. Dist. No. 14

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 26 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severn
STREET ADDRESS (If rural give location) Route #1 Box 182 B

3. NAME OF DECEASED: (Type or Print) (Also: First) John (Middle) W. (Last) HEATH
WILL (NMI)

4. DATE OF DEATH: (Month) November (Day) 9, (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: August 29, 1892
9. AGE last birthday 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer(State)
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pilot Mountain, N. Carolina
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joe Heath
14. MOTHER'S MAIDEN NAME: Jane MN: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 218-10-8688
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hospital,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF RIGHT LUNG — 16 MONTHS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Oct. 14, 1954, to Nov. 9, 1954 and that death occurred at 9:20P M, from the causes and on the date stated above.

SIGNATURE: WILLIAM B. VANDEGRIFT, M.D.
ADDRESS: M. D. VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 11/10/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 11-13-54
NAME OF CEMETERY OR CREMATORY: Glen Haven Memorial Cemetery
LOCATION (City, town, or county) (State): Glen Burnie, Maryland

DATE REC'D BY LOCAL REGISTRAR: 11-14-54
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: Hopping & Kirkley Funeral Home
ADDRESS: 421 Crain Highway S.E. Glen Burnie, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10142

10151 **CERTIFICATE OF DEATH** Reg. Dist. No. 37

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Balto MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Arm
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Phila
STREET ADDRESS (If rural give location) 1920 Vango St

3. NAME OF DECEASED: (Type or Print) (First) L (Middle) Irene (Last) Hellings

4. DATE OF DEATH: (Month) Nov (Day) 25 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W. | 8. DATE OF BIRTH: Dec-29-1878 | 9. AGE last birthday 76 yrs. | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Pa | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Allen T Metz | 14. MOTHER'S MAIDEN NAME: Emma Leighton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Mrs Elwood Metz Glen Arm Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

433.
IMMEDIATE CAUSE (A) Congestive Heart Failure
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Auricular Fibrillation DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954 to 25th Nov. 1954, that I last saw the deceased alive on 25th Nov., 1954, and that death occurred at 10:00 A M, from the causes and on the date stated above.

SIGNATURE M. K. Quinn M.D. M. D. | ADDRESS Timonium | DATE SIGNED 11/25/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | DATE THEREOF 11/26/54 | NAME OF CEMETERY OR CREMATORY Phila Pa | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 11-26-54 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Wm Cook Inc. | ADDRESS Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10152

10143

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TEXAS - Cockeysville P.O. | LENGTH OF STAY (In this place) 6yr 10 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore County Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) MINERVA (Middle) (Last) HELLMAN
4. DATE OF DEATH: (Month) NOV. (Day) 24 (Year) 1954
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: Unknown
9. AGE last birthday: appx. 107 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Balto. Co. Home Texas, Cockeysville, P.O. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Generalized arteriosclerosis — Interval Between Onset And Death: years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1951, to Nov. 24, 1954, that I last saw the deceased alive on Nov. 19, 1954, and that death occurred at 5 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Elizabeth B. Schmill, M.D. | ADDRESS Cockeysville, Md. | DATE SIGNED 11-24-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11/26/54 | NAME OF CEMETERY OR CREMATORY Oakland Cem | LOCATION (City, town, or county) (State) 7275 Eastern Ave Balto md

DATE REC'D BY LOCAL REGISTRAR 11/24/54 | REGISTRAR'S SIGNATURE Wm. J. Whitcoat

24. FUNERAL DIRECTOR Philip Flury Sons | ADDRESS 2024 Orleans St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10144

10153

CERTIFICATE OF DEATH

Reg. Dist. No. 43

M

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Balto; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton; LENGTH OF STAY (In this place): life; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7544 Belair Rd	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md; COUNTY: Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton; STREET ADDRESS (If rural, give location): 7544 Belair Rd

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	C	William	Hellwig		Nov	27	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married	May 15 1892	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	employee	Balto Co Md	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Fredk Hellwig	—

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Mrs C Wm Hellwig 7544 Belair Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Embolic Occlusion from intramural clot.	15 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aortic Insufficiency & Chronic left side failure	undetermined
	(c) Arteriosclerotic Cardio Vascular Disease - Generalized - Many years.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Previous episodes of auricular fibrillation	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED: While at Work ☐ / Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3-20, 1954, to 11-27, 1954, that I last saw the deceased alive on 11-26 1954, and that death occurred at 6:45 P. m., from the causes and on the date stated above.

SIGNATURE: John C. Hyle (Degree or title) ADDRESS: 7527 Belair Rd Balto 6 DATE SIGNED: Nov 29 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/30/54	Parkwood Cem	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 29-54	Mrs. M. L. Reposnike	Lansdowne Funeral Home	7401 Belair Rd

10154

10145
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. ....

Items 1a, 2a, 3, 4, 5, 6, 7, 8, 9, 10a, 10b, 11, 12, 13, 14, 15, 16, 17, 19a, 19b, 20, 21a, 21b, 21c, 21d, 21e, 21f, 23, 24

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 1 mo. 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1248 Battery Avenue

3. NAME OF DECEASED: (Type or Print) (First) Regina (Middle) (Last) Hemling

4. DATE OF DEATH (Month) November (Day) 24 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-5-1920

9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Adams

14. MOTHER'S MAIDEN NAME: Tekla

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Methyl salicylate poisoning — Interval between onset and death:

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Hospital

21c. (City or town) Catonsville (County) Balto. (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) Nov. 22, 1954 (Hour) 2:30 P.M.

21e. INJURY OCCURRED While at work ☑ Not while at work ☐

21f. HOW DID INJURY OCCUR? Drank oil of wintergreen while under treatment at hospital

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, ~~Homicide~~ ☐, Undetermined cause ☐.

SIGNATURE William Hoover M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑

DATE SIGNED Nov. 24, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF 11/27/54

NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery

LOCATION (City, town, or county) Baltimore, (State) Maryland

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. Cook Inc. ADDRESS 1217 St. Paul Street

1k

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10146

10155 CERTIFICATE OF DEATH Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland | LENGTH OF STAY (in this place) 13 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 31 Dumvale Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
STREET ADDRESS (If rural give location) 31 Dumvale Road

3. NAME OF DECEASED: (Type or Print) (First) EUGENE (Middle) HOWARD (Last) HENDERSON

4. DATE OF DEATH: (Month) Nov. (Day) 22, (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower | 8. DATE OF BIRTH: Jan. 17, 1879 | 9. AGE last birthday: 75 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman | 10b. KIND OF BUSINESS OR INDUSTRY: Hardware Mfg. | 11. BIRTHPLACE (State or foreign country): New York | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) None | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT & ADDRESS: Mrs. Cora H. Hang 31 Dumvale Rd. Towson 4, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Heart Disease, Cardiovascular Vascular

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Arteriosclerosis with hypertension

(c)

Interval Between Onset And Death: 5 yrs ± 1. Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1951, to Nov. 22, 1954, that I last saw the deceased alive on Nov. 19, 1954, and that death occurred at 6:22 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Robt. E. Hudson M.D. | ADDRESS Towson Md. | DATE SIGNED 11/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE THEREOF Nov. 24, 1954 | NAME OF CEMETERY OR CREMATORY Oakwood Cemetery | LOCATION (City, town, or county) Troy, New York (State)

DATE REC'D BY LOCAL REGISTRAR Nov. 24, 1954 | REGISTRAR'S SIGNATURE Mabel C. Gray | 24. FUNERAL DIRECTOR John Burns Sons, Towson, Md. | ADDRESS

VS. A15

10156 MARYLAND STATE DEPARTMENT OF HEALTH

10147

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middle River
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto
STREET ADDRESS (If rural give location): 5920 Burgess Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	I	Hodgson III	11	22	19[illegible]

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Single	Aug. 1 1926	28 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Aircraft Test Engineer		Richmond - Va	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George P. Hodgson Jr	Atha Davison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes		Mr. James R.T. Hodgson - 225 S. Boyd Richmond

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Multiple Fractures	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) 3rd & 4th degree burns of entire body	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	[illegible]	Middle River	Balto	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☒ Not while at work ☐	HOW DID INJURY OCCUR?
11-22-54 7 a.m.		Airplane Crash in [illegible] Area

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED 11/24/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11-26-54	St. John's	Richmond	Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-23-54	G. M. Hedrick F.D.	Leonard J. Luck	5305 Harford

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10148

10157

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cockeysville X
LENGTH OF STAY (in this place) 6 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hillside Avenue X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Cockeysville
STREET ADDRESS (If rural, give location) Hillside Avenue

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Edward (Last) Hook

4. DATE OF DEATH: (Month) November (Day) 1 (Year) 18 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	26 January 1873	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Balto. County Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Edward Hook
14. MOTHER'S MAIDEN NAME: Alvina Armacost

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Wife - Blanche Hook - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Arterio-sclerotic cardio vascular disease	6 yrs
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to Nov ....., 1954, that I last saw the deceased alive on 1 Nov ....., 1954, and that death occurred at 2:30 m., from the causes and on the date stated above.

SIGNATURE Walter T. Kees (DEGREE OR TITLE) M.D. ADDRESS Cockeysville Md. DATE SIGNED 1 November 1954

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 4/54	Lorraine Park	Windsor Mill Rd Md

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

Austin E. Donovan - 3818 Roland Ave

10158

10149 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (In this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 137 Pleasant Hill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Owings Mills - P.O.
STREET ADDRESS (If rural, give location) 137 Pleasant Hill Rd.

3. NAME OF DECEASED: (Type or Print) (First) Lawrence (Middle) Joseph (Last) Hopkins

4. DATE OF DEATH (Month) 11 (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/26/1911

9. AGE last birthday: [redacted] 43 yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Used Car dealer

10b. KIND OF BUSINESS OR INDUSTRY: Auto - Used

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Hopkins

14. MOTHER'S MAIDEN NAME: Elizabeth Dukes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Coast Guard

16. SOCIAL SECURITY NO: 212-05-2062

17. INFORMANT & ADDRESS: Shirley E. Hopkins - Pleasant Hill Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Coronary Artery Disease (Occlusion) — Interval Between Onset and Death: 30 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO:

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: None.

19a. DATE OF OPERATION: None. **19b. MAJOR FINDING OF OPERATION:** None.

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. None

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY None

21c. (City or town) (County) (State) None

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY None. M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Was raking leaves

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Caples — M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-15-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 11/16/54 — NAME OF CEMETERY OR CREMATORY Lorraine — LOCATION (City, town, or county) (State) Winchester Mill Rd - Woodlawn

DATE REC'D BY LOCAL REG. 11-14-54 — REGISTRAR'S SIGNATURE Mary B. Shue.

24. FUNERAL DIRECTOR Frank H. Meerell - Pikesville — ADDRESS

mcf.

Dr D, D. Caples Reis 72
6 Hanover Rd.
Reistertown

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10150

37

10159 CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 2635 Wentworth Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville; STREET ADDRESS (If rural give location) 2635 Wentworth Road

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Orie S. (Last) Hunter

4. DATE OF DEATH: (Month) (Day) (Year) November 26 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept 12 1893

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cleveland, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Schoenbeck

14. MOTHER'S MAIDEN NAME: Elizabeth Leterer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Allister E. Hunter, 2635 Wentworth Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage

ANTECEDENT CAUSE (S) DUE TO (B) Hypertension

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 26 54 to Nov 26 54, that I last saw the deceased alive on Nov 26 54 5 AM, 19 ..; and that death occurred at 5:20 AM, from the causes and on the date stated above.

SIGNATURE ..... M.D. ADDRESS ..... DATE SIGNED Nov 26-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Nov. 29, 1954

NAME OF CEMETERY OR CREMATORY: Bellevue Memorial Cem.

LOCATION (City, town, or county) (State): Daytona Beach, Florida

DATE REC'D BY LOCAL REGISTRAR: 11-26-54

REGISTRAR'S SIGNATURE: C. E. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road

Dr. Richard Rigler
1 W. Overlea Avenue

10160

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10151

Reg. Dist. No. .....

Item 12, Fil 1271 12-2-54 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson / LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto Co. (Catonsville)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3721 Wilkens Ave	STREET ADDRESS (If rural, give location) 6101 Edgevale Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Dorothy	Margarethe	Hupe	Nov.	16	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
F	W	Married	July 1, 1877	77 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	None	Germany	Germany

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
[illegible]	[illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	[illegible]	[illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Sudden
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular disease, with hypertension	7 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Rollin C. Hudson	M.D. D.M.E.	Towson Md	11/16/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-19-54	[illegible]	[illegible]

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-15-54	[signature]	[illegible]	6067 Harford Rd

MARYLAND 10161

10152
STATE DEPARTMETT OF HEALTI

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH
COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE – 28
LENGTH OF STAY (in this place): 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: CATON RIDGE NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE 7
STREET ADDRESS (If rural, give location): 3303 MAYFIELD AVE

3. NAME OF DECEASED (Type or Print): (First) BLANCHE (Middle) (Last) HUSON

4. DATE OF DEATH: (Month) NOV. (Day) 2 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: ?

9. AGE last birthday: over 80 yrs. If under 1 year: Months. Days. If under 24 hr: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): I.O (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. Richard R. Kane-5002 Norwood Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL VASCULAR ACCIDENT	3 DAYS
Antecedent cause(s)	& BILATERAL PARALYSIS — COMPLETE	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE C.V. DISEASE	12 YEARS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 1, 1951, to NOV. 2, 1954, that I last saw the deceased alive on NOV. 2 1954, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edward C. Norman M.D. [illegible] 11-2-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 11/4/54

NAME OF CEMETERY OR CREMATORY: Balto. Cem.

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 11-3-54

REGISTRAR'S SIGNATURE: C. H. Heltmuth Jr.

24. FUNERAL DIRECTOR: Wm. J. Dickey & Sons

ADDRESS: Balto 17 Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10153

10162 CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY BALTO. CO. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) CATONSVILLE
LENGTH OF STAY (in this place) 14 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 ROGNEL AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural give location) 3 ROGNEL AVE.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) G (Last) JACKSON

4. DATE OF DEATH: (Month) 11 (Day) 12 (Year) 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10/1/1892

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): COUNTY ROADS

10b. KIND OF BUSINESS OR INDUSTRY: BALTO. CO.

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 203-09-5215

17. INFORMANT & ADDRESS: Mrs Earl Chaney

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CHRONIC MYOCARDITIS. DUE TO — Interval Between Onset And Death: 4 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) 0

TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from FEB, 21, 1946, to Nov., 12, 1954, that I last saw the deceased alive on NOV, 12, 1954 and that death occurred at 2:30 PM., from the causes and on the date stated above.

SIGNATURE J. Lloyd Johnson (Degree or title) MD ADDRESS 6348 Frederick Rd Catonsville Md DATE SIGNED 11/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11/15/54 NAME OF CEMETERY OR CREMATORY U.S. NATIONAL LOCATION (City, town, or county) (State) BALTO. MD.

DATE REC'D BY LOCAL REGISTRAR 11-15-54 REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR ADDRESS MACNABB & SON CATONSVILLE MD.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10154

10163 CERTIFICATE OF DEATH Reg. Dist. No. 39

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WOODLAWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5421 CLIFTON AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WOODLAWN
STREET ADDRESS (If rural give location) 5421 CLIFTON AVE

3. NAME OF DECEASED: (Type or Print) (First) MYRTLE (Middle) M. (Last) KANE

4. DATE OF DEATH. (Month) NOV. (Day) 16 (Year) 1954

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED | 8. DATE OF BIRTH: Dec 29, 1894 | 9. AGE last birthday IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.: 59 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10B. KIND OF BUSINESS OR INDUSTRY: O.H.

11. BIRTHPLACE (State or foreign country): BALTO. MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CASPER BLUM

14. MOTHER'S MAIDEN NAME: ANNA REIP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: MR. JOHN E. KANE, 5421 CLIFTON AVE.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion — 4 days

ANTECEDENT CAUSE (S) (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1950, to Nov 16, 1954 that I last saw the deceased alive on Nov. 16, 1954, and that death occurred at 3 15 PM, from the causes and on the date stated above.

SIGNATURE C J Mendelis M. D. ADDRESS 651 N Bentalou DATE SIGNED 11-18-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF Nov. 19/54 | NAME OF CEMETERY OR CREMATORY LORRAINE PARK | LOCATION (City, town, or county) WOODLAWN, MD. (State)

DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Harry H. Wiltbe ADDRESS 4101 EDMONDSON AVE.

10155

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10164

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Parkville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2414 E. Joppa Road X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore X
STREET ADDRESS (If rural give location) 2414 E. Joppa Road

3. NAME OF DECEASED: (Type or Print) (First) Mrs. Bertha (Middle) Mae (Last) Kelly

4. DATE OF DEATH: (Month) Nov. (Day) 26, (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Sept. 20, 1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Somerset Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Wallace

14. MOTHER'S MAIDEN NAME: Hettie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Harry Anderson, 2414 E. Joppa Road

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Myocarditis = acute myocardial failure 7 days

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Hypertensive C-V disease = arteriosclerosis associated Severe arthritis deformans

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized edema

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 15, 1945 to Nov. 26 1954 that I last saw the deceased alive on Nov. 24, 1954, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE H. V. Harbold M. D. ADDRESS 4706 Harford Road-14 DATE SIGNED Nov. 26, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Nov. 29, 1954

NAME OF CEMETERY OR CREMATORY Kelly Private Burial Estate

LOCATION (City, town, or county) (State) Princes Anne, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-26-54

REGISTRAR'S SIGNATURE C. E. Hedrick M.D.

24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road #14

M

I

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Dr. Harbold

4706 Ha ped

MARYLAND STATE DEPARTMENT OF HEALTH

10156

2411 N. Charles Street, Baltimore

10165

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville - 28
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mountain the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROYAL OAK
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Isaac	E.	Kirkman	11	4	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	WIDOWER	Oct. 5 1866	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
FARMER		MARYLAND	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM KIRKMAN	JOSEPHINE SAULSBURY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	NONE	MAURICE E. NEWNAM - EASTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Thrombosis	1 da.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Hypertensive Cardio-Vascular Renal Disease	15 yrs.
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Dementia	10 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
/		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-30, 1954, to 11-4, 1954, that I last saw the deceased alive on 11-3, 1954, and that death occurred at 8:05 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Nelson K. Gallagher	M.D.	Catonsville 28, Md.	11-4-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov. 8 1954	Springhill	Easton,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-5-54	[signature] Deputy	Maurice E. Newnam & Son	Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10157

10166 **CERTIFICATE OF DEATH** Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 40 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake Beach
STREET ADDRESS (If rural give location) 04-X-1

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) J. (Last) KLEIN

4. DATE OF DEATH: (Month) November (Day) 1, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: March 4, 1890

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Camden, New Jersey

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Phillip Klein

14. MOTHER'S MAIDEN NAME: Lindorfa MN: Landis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 217-01-3766

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) ACUTE PYELONEPHRITIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B) CARCINOMA OF PROSTATE — UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA ☒ attended the deceased from Sept.22, 1954, to Nov. 1, 1954, and that death occurred at 11:29 PM, from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. ADDRESS M.D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 11-2-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Nov. 4, 1954 — NAME OF CEMETERY OR CREMATORY Mt. Harmony Church Cemetery — LOCATION (City, town, or county) Owings, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR Nov 1 1954 Nov. 6-5-4 — REGISTRAR'S SIGNATURE Dawson E. Parker

24. FUNERAL DIRECTOR ADDRESS Harry Hutchins Funeral Home Owings, Maryland

(M)

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 — 10 - 53

10167

10158 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3612 Lochearn Drive

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) May (Last) Klinefelter
4. DATE OF DEATH (Month) 11 (Day) 14 (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Sept 10, 1875
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): U.S.A. - Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Phillip Lentz
14. MOTHER'S MAIDEN NAME: Eliza (?) Amy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Elizabeth Plitt - 3612 Lochearn Drive Md Balt. 7

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Senility with Generalized Arteriosclerosis
TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO Failure Myocardial Infarction
(c) Fractures of the left hip

INTERVAL BETWEEN ONSET AND DEATH: 3 wks

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None.

19a. DATE OF OPERATION: None
19b. MAJOR FINDING OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Spring Grove Hosp
21c. (City or town) Spring Grove Hospital (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY May 10 Oct. 1954 M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Fall or pushed by another patient

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Caples. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-15-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Nov. 17-1954
NAME OF CEMETERY OR CREMATORY Carroll Chapel
LOCATION (City, town, or county) (State) Baltimore Co. Maryland
DATE REC'D BY LOCAL REG. 11-16-54
REGISTRAR'S SIGNATURE G. A. Hedrick Jr.
24. FUNERAL DIRECTOR Burgee Funeral Home Horace F. Burgee
ADDRESS 3631 Falls Road

VS. A15A - 5 - 53

10168

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10159

Reg. Dist. No. 5-3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 196 Long beach Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) 196 Long beach Rd Zone 20

3. NAME OF DECEASED (Type or Print): (First) Otto (Middle) (Last) Koks
4. DATE OF DEATH: (Month) 11 (Day) 30 (Year) 1954

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: 7-1-1907 | 9. AGE last birthday: 47 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardener
10b. KIND OF BUSINESS OR INDUSTRY: Packing Plant
11. BIRTHPLACE (State or foreign country): Ger.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Koks
14. MOTHER'S MAIDEN NAME: Minnie Lueckes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 206-15-4575
17. INFORMANT AND ADDRESS: James Koks same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

H. Davis MD — 6 Med Surg — Dundalk Md — 11/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/3/54 — NAME OF CEMETERY OR CREMATORY Oak Lawn — LOCATION (City, town, or county) Balto Co — (State) Md

DATE REC'D BY LOCAL REG. 12-1-54 — REGISTRAR'S SIGNATURE H. W. Hedrick — 24. FUNERAL DIRECTOR — ADDRESS T. Trzyzynska 1407 Eastern Ave

10160

MARYLAND STATE DEPARTMENT OF HEALTH

10090

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 297 Hazel Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural, give location) 297 Hazel Avenue

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) KENNARD (Last) KRAUSS
4. DATE OF DEATH (Month) (Day) (Year): November 5, 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: Feb. 25, 1908
9. AGE last birthday: 46 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R.R.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles M. Krauss
14. MOTHER'S MAIDEN NAME: Madeline E. Foos

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Charlotte T. Krauss, 297 Hazel Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Asst. Med. Examiner — ADDRESS — DATE SIGNED
Jos. H. Kieffer M.D. Dean Baltimore, 1010 Lanvale — Nov 6 54

23. BURIAL, CREMATION REMOVAL (Specify): burial | DATE THEREOF: 11/8/54 | NAME OF CEMETERY OR CREMATORY: Loudon Park | LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. Nov 6 54 | REGISTRAR'S SIGNATURE: Jos. H. Kieffer

24. FUNERAL DIRECTOR: Wm. Cook Inc. — ADDRESS: 1217 St. Paul Street

10169 10161

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN RURAL - MIDDLE RIVER | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 360 REVELEA BEACH RD BOWLEY'S QUARTERS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bowley's Quarters #20
STREET ADDRESS (If rural, give location) 360 A. Revelea Beach Rd.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Jack) (Last) Kreamer.
4. DATE OF DEATH (Month) Nov (Day) 5 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widow.	Feby 9. 1875	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Labor.
11. BIRTHPLACE (State or foreign country): LONG ISLAND N. Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS ? KREAMER
14. MOTHER'S MAIDEN NAME: UNKNOWN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 220-01-4415A
17. INFORMANT & ADDRESS: KATHERINE KARAS 2017 ELLSWORTH AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion. Minutes.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardio Vascular Renal. Unknown.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov 5 - 1954 1 P. M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☑
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. J. Mearmone M.D. M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☑ ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	NOV 8 1954	OAK LAWN CEMETERY	EASTERN AVE BLVD MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-8-54	A. T. Hedrick	Duffy Bro	1800 ELOMBARD ST.

DL

10170

10162

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 30

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Army Gen Stat Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Balto City
STREET ADDRESS (If rural, give location) 702 Ramsay st

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) G (Last) Kuckhan

4. DATE OF DEATH. (Month) Nov (Day) 24 (Year) 19 54

5. SEX: M **6. COLOR OR RACE:** W **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** W **8. DATE OF BIRTH:** 1879 **9. AGE last birthday:** 75 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life even if retired): Watch maker **10b. KIND OF BUSINESS OR INDUSTRY:** **11. BIRTHPLACE** (State or foreign country): Balto Md **12. CITIZEN OF WHAT COUNTRY?** USA

13. FATHER'S NAME: R C Kuckhan **14. MOTHER'S MAIDEN NAME:** Henrietta Kuckhan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) **16. SOCIAL SECURITY NO.:** **17. INFORMANT & ADDRESS:** Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Asphyxia DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Syncope DUE TO (c) Due to accidental Immersion

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY Farm **21c.** (City or town) Catonsville (County) Balto (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11, 24, 54 M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☒ **21f. HOW DID INJURY OCCUR?** Found in water in pool Storm Drain

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Jas M Kiegler M. D. 1010 Reisterstown Rd CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED Nov. 24 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 11/26/54 NAME OF CEMETERY OR CREMATORY Loudon P K LOCATION (City, town, or county) Frederick (State) Md

DATE REC'D BY LOCAL REG. 11-26-54 REGISTRAR'S SIGNATURE C. W. Hedrick Jr **24. FUNERAL DIRECTOR** GEO. LEIMBACH ADDRESS 525 N. Glyndon Hurst St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10163

10171

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Putty Hill
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8831 Victory Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Putty Hill
STREET ADDRESS (If rural give location): 8831 Victory Ave.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) D. (Last) KURRLE

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 28, 1954 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: January 25, 1881

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat retailer

10b. KIND OF BUSINESS OR INDUSTRY: Meats

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christian Kurrle

14. MOTHER'S MAIDEN NAME: Don't know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 217-30-4136

17. INFORMANT & ADDRESS: John E. Kurrle 3203 Beverly Road.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho-pneumonia — Interval Between Onset And Death: 3 days.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic cardio-vascular renal disease — 7 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-23-, 19 47, to 11-27-, 19 54 that I last saw the deceased alive on 11-27-, 19 54, and that death occurred at 2 A.M, from the causes and on the date stated above.

SIGNATURE (Degree or title): Milton C. Lang, M.D — ADDRESS: 2117 Belair Rd — DATE SIGNED: 11-29-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** Dec. 1, 1954 — **NAME OF CEMETERY OR CREMATORY:** Baltimore — **LOCATION** (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR — **REGISTRAR'S SIGNATURE** ✓

24. FUNERAL DIRECTOR — **ADDRESS:** Ullrich Funeral Home 4210 Belair Road.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10164

10172

CERTIFICATE OF DEATH

Reg. Dist. No. 4K

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard, X
LENGTH OF STAY (in this place) 902 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Bal.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 630 Wilson Avenue

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) (Last) KUTA

4. DATE OF DEATH: (Month) (Day) (Year) November 25, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-4-88

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Repairman

10B. KIND OF BUSINESS OR INDUSTRY: Typewriters - Sales and Service

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacobs Kuta

14. MOTHER'S MAIDEN NAME: Julia (MN: Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WW-1

16. SOCIAL SECURITY NO. 217-05-4403

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) TUBERCULOSIS, PULMONARY, CHRONIC FAR ADVANCED — 3 YEARS

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 9-10-54

19B. MAJOR FINDINGS OF OPERATION: Biopsy of Abdominal Nodule (Calcified Scarred Nodule - (Abdominal Wall)

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1952 to Nov. 25, 1954, and that death occurred at 4:10 PM, from the causes and on the date stated above.

SIGNATURE John A. Surmonte M.D. ADDRESS VAH, Fort Howard, Md. DATE SIGNED 11-25-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov. 29-1954 | NAME OF CEMETERY OR CREMATORY St. Stanislaus Cemetery | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-26-54 | REGISTRAR'S SIGNATURE C. W. Fedrick | 24. FUNERAL DIRECTOR William S. Fialkowski ADDRESS 2007 Eastern Ave., Baltimore 31, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the names of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10165

10173 CERTIFICATE OF DEATH

Reg. Dist. No. 33

Item 7, Film G174, 12/10/54 fcy

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place) MARYLAND 41 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 645 Portland St.

3. NAME OF DECEASED: (Type or Print) (First) Alfonse (Middle) (Last) Lanzie

4. DATE OF DEATH: (Month) November (Day) 21 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 6-20-05

9. AGE Last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Antonia Lanzio

14. MOTHER'S MAIDEN NAME: Nellie Carbona

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Rosewood Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ruptured dissecting aneurysm of aorta — Interval Between Onset And Death: 1 minute

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic hypertensive cardiovascular disease — 4 yrs.

DUE TO (c) Mitral-valve disease — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Idiot — life

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 2 19 54 to , 19 , that I last saw the deceased alive on Nov.21, 1954, and that death occurred at 8 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Edgard Heard Reisman M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov.29/54

NAME OF CEMETERY OR CREMATORY Rosewood

LOCATION (City, town, or county) (State) Owings Mills, Md.

DATE REC'D BY LOCAL REGISTRAR 11-29-54

REGISTRAR'S SIGNATURE Mary B. Sline

24. FUNERAL DIRECTOR ADDRESS J.F. Eline & Sons, Reisterstown, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10166

10081 CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 3
LENGTH OF STAY (in this place) 24 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1604 Searles Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural give location) 1604 Searles Rd.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Lizzie) (Last) Lawson

4. DATE OF DEATH: (Month) 11 (Day) 26 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 4/28/1866

9. AGE last birthday: 88 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Maneer

14. MOTHER'S MAIDEN NAME: Rebecca Rosa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT & ADDRESS: Mrs. Jack Bailey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertension Cardio-vascular — 10 years
DUE TO (c) Generalized arteriosclerosis disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 7, 1954, to April 9, 1954, that I last saw the deceased alive on April 9, 1954, and that death occurred at 1:30 AM from the causes and on the date stated above.

SIGNATURE Eugene F. Neve (Degree or title) M.D. ADDRESS 7001 Morning Sun Rd. DATE SIGNED Dundalk 22 Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11/30/54

NAME OF CEMETERY OR CREMATORY Maple Grove Cem.

LOCATION (City, town, or county) Fair Grounds (State) Pa.

DATE REC'D BY LOCAL REGISTRAR Nov. 29-1954

REGISTRAR'S SIGNATURE William M. Kelly

24. FUNERAL DIRECTOR AND ADDRESS Mac Robt & Son Catonsville, Md.

VS. A15

RECEIVED
NOV 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10167

10174 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 17
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2820 Reisterstown

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Jacob (Last) ~~Libowitz~~ Leibowitz

4. DATE OF DEATH: (Month) 11 (Day) 15 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): divorced

8. DATE OF BIRTH: 1/21/1899

9. AGE last birthday 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10B. KIND OF BUSINESS OR INDUSTRY: optical

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Joseph Leibowitz

14. MOTHER'S MAIDEN NAME: Lena Glass

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove Hosp

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Brain Tumor, Frontal Lobe DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 11-6-54

19B. MAJOR FINDINGS OF OPERATION: Brain Tumor Frontal Lobe - Deep seated

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-28, 1954, to 11-15, 1954, that I last saw the deceased alive on 11/15, 1954, and that death occurred at 11:10 P M, from the causes and on the date stated above.

SIGNATURE S. Wachsler M.D. ADDRESS Spring Grove St. Hosp. DATE SIGNED 11/15/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Nov 17/54

NAME OF CEMETERY OR CREMATORY Harmon

LOCATION (City, town, or county) (State) Baltimore, Md

DATE REC'D BY LOCAL REGISTRAR 11-16-54

REGISTRAR'S SIGNATURE G. E. Hedrick

24. FUNERAL DIRECTOR Sol Levinson & Bros. Inc

ADDRESS 1124-26 W. North Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10168

10175

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct information is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore 19 MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Sparrows Point
LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3215 Lynch Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE as COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ss
STREET ADDRESS #1 (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) N. (Last) LESHKO.

4. DATE OF DEATH: (Month) Nov. (Day) 2. (Year) 1954.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July. 2. 1904	50 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
ELECTRICIAN	Steel.	Pennsylvania	U.S.A.

13. FATHER'S NAME: Michael Leshko.

14. MOTHER'S MAIDEN NAME: Anna Kocherha.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	—	184-09-1481	Mary Leshko - wife (as in #1)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Myocardial failure	Sudden
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Coronary Thrombosis.	45 min
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis — 3 1/2 yrs

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURED While at Work ☐	Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/23 ....., 19 51, to 11/2 ....., 19 54, that I last saw the deceased alive on 9/21 ....., 1954, and that death occurred at 4:45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Louis N. Mollin M.D.	6908 North Point Rd Balto 19	11/2/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)	ADDRESS
BURIAL	11-6-54	St. Johns	HALETON, PENNA	

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
NOV. 5-54	Dawson L. Harbor	Walter Burke Funeral	Elkton, Md.

VS. A15

10176

10169 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockdale, Balto 7
LENGTH OF STAY (in this place) 35
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3525 St. James Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md, COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockdale, Balto 7
STREET ADDRESS (If rural, give location) 3525 St. James Rd.

3. NAME OF DECEASED: (Type or Print) (First) HELEN (Middle) B. (Last) LESLIE

4. DATE OF DEATH (Month) Nov (Day) 25 (Year) 1954.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	White	Widowed	11-24-1872	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home.
11. BIRTHPLACE (State or foreign country): West Indies
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) No.
16. SOCIAL SECURITY NO.: None.
17. INFORMANT & ADDRESS: Clyde Merediths - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None.

19a. DATE OF OPERATION: None.
19b. MAJOR FINDING OF OPERATION: None.
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. None
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY None.
21c. (City or town) None (County) (State)

21d. TIME OF INJURY (Month) 11 (Day) 25 (Year) '54 (Hour) 6 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Fell from bed to floor.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Caples M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 11-25-'54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF Nov. 27th. 1954
NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery
LOCATION (City, town, or county) (State) Randallstown, Maryland.

DATE REC'D BY LOCAL REG. 11-26-54
REGISTRAR'S SIGNATURE C. M. Hedrick
FUNERAL DIRECTOR Gillis & Amoroso
ADDRESS 4510 Liberty Height Avenue

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10177

CERTIFICATE OF DEATH

10170

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - WOODLAWN; LENGTH OF STAY (In this place) 38 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2023 ENGLEWOOD AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - Woodlawn
STREET ADDRESS (If rural, give location) 2023 Englewood Ave.

3. NAME OF DECEASED (Type or Print): (First) VERNA (Middle) VIOLA (Last) LINE

4. DATE OF DEATH: (Month) 11 (Day) 9 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: DEC 21 1915

9. AGE last birthday: 38 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Line

14. MOTHER'S MAIDEN NAME: Julia O'Brien

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: LILLIAN LINE-SISTER 2023 Englewood Ave Balto 7, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Retroperitoneal Sarcoma — Interval between onset and death: 8 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April 15, 1954, to Nov. 9, 1954, that I last saw the deceased alive on Nov. 9, 1954, and that death occurred at 4:15 P. m., from the causes and on the date stated above.

SIGNATURE: Edwin L Rupert M.D. (Degree or title) ADDRESS: 8214 Liberty Rd Balto 7 Md. DATE SIGNED: 11/9/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov. 13-1954 | NAME OF CEMETERY OR CREMATORY: WOODLAWN | LOCATION (City, town, or county) (State): WOODLAWN CEMETERY

DATE REC'D BY LOCAL REG.: 11-10-54 | REGISTRAR'S SIGNATURE: G. W. Hedrick

24. FUNERAL DIRECTOR: Ellsworth Armacost ADDRESS: 7K 4600 Liberty Heights Avenue

Item 2 FilmC174 12-15-54 at

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10171

10178

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) ----- Chevy Chase

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Beauchamp (Last) Lippincott

4. DATE OF DEATH: (Month) November (Day) 17, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 6-13-1869

9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Social Worker Juvenile Court

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Scholfield Beauchamp

14. MOTHER'S MAIDEN NAME: Eleanora Mulliken

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage and — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSE (B) Arteriosclerotic heart disease — Years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Generalized and Cerebral arteriosclerosis Yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-4-, 1954, to 11-17-, 1954, that I last saw the deceased alive on 11-17-, 1954, and that death occurred at 4:25 P.M., from the causes and on the date stated above.

SIGNATURE Ethel B. Herrmann-Grace M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 11-17-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation — DATE THEREOF Nov. 19, 1954 — NAME OF CEMETERY OR CREMATORY Greenmount Cem. — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 11/22/54 — REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR — ADDRESS John Burns Long, Towson, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

10172

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10179

CERTIFICATE OF DEATH

Reg. Dist. No. ...

Iter. 4, Film 6174 12-C-54 et

1. NAME OF DECEASED (Type or Print): Edna Alley Long

2. DATE OF DEATH: Nov. 26-54

3. PLACE OF DEATH: A. Baltimore City, Maryland ~~Balto. County~~

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Villa. Nursing Home 6400 Belloraire

c. Length of stay in Baltimore: Yrs. ... Mos. ... Days ...

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Homewood Apts.
D. STREET ADDRESS (If rural, give location): 4400 Belvedere Rd. Apt.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months, Days	If Under 24 hours: Hours, Min.
M.	White	Widow.	Feb 19, 1868	86		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at Home	Wisconsin	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward W. Alley	Mary F Davenport.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		—	Mrs Richard Telinde	Homewood apts

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic-hypertensive Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.
DUE TO
(B) ...
DUE TO
(C) ...

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pneumonia, hypostatic — 3 wks.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	F OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 15, 1951 *to* Nov 24, 1954 *that I last saw the deceased alive on* Nov 24, 1954, *and that death occurred at* 5:45 P *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Norman R. Freeman M. D.	11 W. 24th St.	Nov 29, 1954

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11-29-54	Greenmount Cem	Greenmount Ave Balto City

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11-29-54	A. W. Hedrick Jr.	William Cook Jr.	1912 E. Pratt St

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10173

10180 CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural - Rosedale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8302 Philadelphia Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Rosedale
STREET ADDRESS (If rural give location) 8302 Philadelphia Road

3. NAME OF DECEASED: (Type or Print) (First) ALFRED (Middle) W. (Last) LOOKINGLAND, SR.

4. DATE OF DEATH: (Month) November (Day) 29 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 3, 1889

9. AGE last birthday: 65 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired) Milkman

10b. KIND OF BUSINESS OR INDUSTRY: Western Maryland

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David I. Lookingland

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 215-10-3720

17. INFORMANT & ADDRESS: Agnes Keerans, dght. 3635 Roberts Pl.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis. — Interval Between Onset And Death 2 weeks.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-17, 1954, to 11-29, 1954, that I last saw the deceased alive on 11-29, 1954, and that death occurred at 5:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Albert C Herrmann M.D. 2921 E. Federal St. Balto 13 Md. 12-1-54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 3, 1954
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.
LOCATION (City, town, or county) (State) Belair Rd. Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 12-2-54
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS
Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10174

10082 CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct are is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTO. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22) MARYLAND LENGTH OF STAY (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 SEABRIGHT AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE SAME COUNTY CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) LORETTA (Last) LUCKERT

4. DATE OF DEATH: (Month) 11-2-54 (Day) (Year) 19

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: 19 JUNE 1891

9. AGE Last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): KY.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: —UNK—

14. MOTHER'S MAIDEN NAME: —UNK—

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: J. W. LUCKERT — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma R Colon (discovery)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) with Emergency Metastasis

DUE TO (c)

Interval Between Onset And Death: 6 MOS —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: May 1954

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1954, to Nov 1954, that I last saw the deceased alive on Nov 1954, and that death occurred at 6:40 P.M. from the causes and on the date stated above.

SIGNATURE and (Degree or title) ADDRESS DATE SIGNED 11/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 11-5-54 NAME OF CEMETERY OR CREMATORY SACRED HEART LOCATION (City, town, or county) BALTO. Co., Md. (State)

DATE REC'D BY LOCAL REGISTRAR Nov 3 1954 REGISTRAR'S SIGNATURE William M Reich

24. FUNERAL DIRECTOR Walter Burke Bradley, Dundalk, Md. ADDRESS

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10175

10181

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY BALTO. CO. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CATONSVILLE 52
LENGTH OF STAY (in this place) 40yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 18 SANFORD AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
STREET ADDRESS (If rural give location) 18 SANFORD AVE.

3. NAME OF DECEASED: (Type or Print) (First) WILSON (Middle) N. (Last) LYNCH

4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 54 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED

8. DATE OF BIRTH: JAN 22, 1903

9. AGE last birthday: 51 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life. (Do not use retired): BOTTLER

10b. KIND OF BUSINESS OR INDUSTRY: NATIONAL BREWERY

11. BIRTHPLACE (State or foreign country): PA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILSON N. LYNCH SR.

14. MOTHER'S MAIDEN NAME: LIDA E. ENGLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 216-01-4498

17. INFORMANT & ADDRESS: MRS. JANET L. HAWKINS

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a)	SUBACUTE MYOCARDITIS.	2 yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)	VITAMIN DEFICIENCY.	2 yrs
DUE TO (c)	STARVATION.	1-2 yrs

431 K

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE 0 (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 0 (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from ..., 1939, to 11-1-54, that I last saw the deceased alive on 11-1-54, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Lloyd Johnson M.D. ADDRESS Catonsville Md DATE SIGNED 11/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 11/4/54 | NAME OF CEMETERY OR CREMATORY LOUDON PARK | LOCATION (City, town, or county) BALTO. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 11/3/54 | REGISTRAR'S SIGNATURE V.E. Harvey

24. FUNERAL DIRECTOR MACNABB & SON ADDRESS CATONSVILLE

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

10176

10182 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson.; MARYLAND; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 1006 Charlesmeade Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto; STREET ADDRESS (If rural, give location) 320 W. 30th St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) H (Last) Magee

4. DATE OF DEATH: (Month) Nov (Day) 1 (Year) 1954

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 1/10/86

9. AGE last birthday: 68 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator, Retired

10b. KIND OF BUSINESS OR INDUSTRY: Balto Transit

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —; (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Sarah L. Magee 320 W. 30th St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart disease, coronary occlusion — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — Interval between onset and death: Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Rollin L. Hudson M.D., D.M.E. Towson Md. 11/1/54.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11/4/54 — NAME OF CEMETERY OR CREMATORY: Loudon Park. — LOCATION (City, town, or county) (State): Baltimore Co.

DATE REC'D BY LOCAL REG.: 11/2/54 — REGISTRAR'S SIGNATURE: A. W. Hedrick — 24. FUNERAL DIRECTOR: Paul E. Hemmeter & Sons — ADDRESS: 3615 Harford Ave.

10177

10183

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND. CITY (If outside corporate limits, write RURAL) and OR TOWN Sparrows Pt. LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point 19 — STREET ADDRESS (If rural, give location) 917 3rd Street.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Marshall (Last) — 4. DATE OF DEATH (Month) November (Day) 7th (Year) 1954

5. SEX M — 6. COLOR OR RACE Col — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widd — 8. DATE OF BIRTH — — — — 9. AGE last birthday 72 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor — 10b. KIND OF BUSINESS OR INDUSTRY Steel Mills — 11. BIRTHPLACE (State or foreign country) Virginia — 12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME Africa Marshall — 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT AND ADDRESS Mary Marshall 917 3rd Sparrows Pt

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Apoplexy — 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension and arterio-sclerosis — unknown

(c) —

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 4th 1954 to Nov 7th 1954, that I last saw the deceased alive on Nov 7th 1954, and that death occurred at 11:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. H. Thomas M.D. 107 N. Main St Curtis Bay 22 11/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11-10-54 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Sparrows Pt Md.

DATE REC'D BY LOCAL REG. 11-10-54 — REGISTRAR'S SIGNATURE C. A. Hedrick Jr — 24. FUNERAL DIRECTOR — ADDRESS Wilson & Christian 1124 N. Carrie St

10178

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10184 CERTIFICATE OF DEATH Reg. Dist. No. 30.

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS PARADISE NURSING HOME PARADISE + ALTAMONT AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTIMORE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 1711 W. PRATT ST.

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) E. (Last) McCAIN

4. DATE OF DEATH: (Month) NOV. (Day) 13 (Year) 1954

5. SEX F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOW

8. DATE OF BIRTH. JUL. 1, 1873

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H W

10B. KIND OF BUSINESS OR INDUSTRY: O.H.

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: HENRY BUSH

14. MOTHER'S MAIDEN NAME. PRICILLA MANGRUM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: LIBERTY RD, MRS LAURA DISHAROOM, RANDALLSTOWN MD

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Myocardial Circulat[illegible] DUE TO	6 h.
ANTECEDENT CAUSE (S)	(B) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral Arteriosclerosis, C.V.A.		5 mo.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-22, 1954, to 11-13, 1954, that I last saw the deceased alive on 11-12, 1954 and that death occurred at 10:30 A M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Catonsville, Md. DATE SIGNED 11-15-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF NOV. 16/54

NAME OF CEMETERY OR CREMATORY MT. OLIVET

LOCATION (City, town, or county) (State) BALTIMORE, MD.

DATE REC'D BY LOCAL REGISTRAR 11-16-54

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Harry H. Wright ADDRESS 4101 EDMONDSON AVE.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10179

10185 **CERTIFICATE OF DEATH**

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Dunkirk Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
STREET ADDRESS (If rural give location) 74 Dunkrik Rd.

3. NAME OF DECEASED: (First) JOSEPH (Middle) E. (Last) Mc DONNELL, Sr.
4. DATE OF DEATH: (Month) Nov. (Day) 6, (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Mar. 23, 1899
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical
10B. KIND OF BUSINESS OR INDUSTRY: Race Tracks
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John J/ McDonnell
14. MOTHER'S MAIDEN NAME: Alice Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-07-3178
17. INFORMANT & ADDRESS: Mrs. Jeannette L. McDonnell-74 Dunkrik Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10/6/54

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Coronary Disease — 2yrs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/8, 1954, to 11/6, 1954, that I last saw the deceased alive on 11/6, 1954, and that death occurred at 5:15 AM, from the causes and on the date stated above.

SIGNATURE Joseph E. Laukaitis M. D. ADDRESS 6794 Reisterstown Rd DATE SIGNED 11/7/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 11/9/54
NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR: 11-8-54
REGISTRAR'S SIGNATURE: A. R. Hidnil
24. FUNERAL DIRECTOR: Wm. J. Dickerson & Sons, Inc.
ADDRESS: Balto 17 Md

Annie Leach McGee

10186

10180

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY BALTIMORE — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTO. 7, MD
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3732 OAK AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 3732 OAK AVE
STREET ADDRESS (If rural, give location) 3732 OAK AVE

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) Leach (Last) McGEE

4. DATE OF DEATH: (Month) Nov. (Day) 15 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: Jan. 2, 1867

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Public School

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert McGee

14. MOTHER'S MAIDEN NAME: Sudanna Haslup

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Virginia D. Baldwin-3732 Oak Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY THROMBOSIS — Interval between onset and death: 5 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROSIS.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 17, 1949, to Nov. 15, 1954; that I last saw the deceased alive on Nov. 11, 1954, and that death occurred at 11:10 P.m., from the causes and on the date stated above.

SIGNATURE Edwin F. Bierbower (Degree or title) M.D ADDRESS 8204 LIBERTY Rd. BALTO 7 Md. DATE SIGNED 10/15/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/19/54 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem. — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 11-16-54 — REGISTRAR'S SIGNATURE C. A. H. — 24. FUNERAL DIRECTOR: Wm. J. Gideon & Sons — ADDRESS: Balto 17 Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10181

10187 # CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural give location) Rt.#5, Box 144, Old Court Road

3. NAME OF DECEASED: (Type or Print) (First) CORNELIUS (Middle) E. (Last) McGREGOR

4. DATE OF DEATH: (Month) November (Day) 12, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/3/87

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard

10B. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles McGregor

14. MOTHER'S MAIDEN NAME: Anne Heim

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 705-07-4190

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) PULMONARY EMPHYSEMA AND COR PULMONALE — UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) SADDLE THROMBOSIS OF PULMONARY ARTERY — UNKNOWN

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work [ ] Not while at work [ ] 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov.5,, 1954, to Nov. 12, 1954, and that death occurred at 2:55 P.M., from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. M. D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 11/13/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Nov. 15, 1954 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-15-54 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR AND ADDRESS Wm. Cook-Blight, Inc. Funeral Home 6009 Harford Road, Balto., 14, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10188

MARYLAND STATE DEPARTMENT OF HEALTH

10182

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville | LENGTH OF STAY (in this place) 13 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3111 Dubois Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 3111 Dubois Ave

3. NAME OF DECEASED (Type or Print): (First) William (Middle) B (Last) McMahon

4. DATE OF DEATH: (Month) Nov (Day) 17 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Sept 27 1876

9. AGE last birthday: 58 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Checker

10b. KIND OF BUSINESS OR INDUSTRY: Ford — Shoreman

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas B McMahon

14. MOTHER'S MAIDEN NAME: Mary T Wintz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 215-09-7470

17. INFORMANT AND ADDRESS: Wife 3111 Dubois Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 36 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 2 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: (0)

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-16, 1954 to 11-17, 1954, that I last saw the deceased alive on 11-17, 1954, and that death occurred at 2.45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Harold H Burns M.D. 115 E. Eager St Balto Md 11-18-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: Nov 20 1954 | NAME OF CEMETERY OR CREMATORY: Parkwood | LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG. 11/19/54 | REGISTRAR'S SIGNATURE: G. M. Bacon

24. FUNERAL DIRECTOR — ADDRESS: Chas F Evans & Son 8802 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10183

10189 CERTIFICATE OF DEATH Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN X LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1117-A Eastern Ave Baltimore 21, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural give location) 1117 Eastern Ave Apt A

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) (Last) McNAMARA

4. DATE OF DEATH: (Month) 11 (Day) 18 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed | 8. DATE OF BIRTH: Dec 23 - 1878 | 9. AGE Last birthday: 76 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: Retired | 11. BIRTHPLACE (State or foreign country): Webster Mass. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Lynch | 14. MOTHER'S MAIDEN NAME: Catherine Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no. (If Yes, give war or dates of service) no. | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT & ADDRESS: John Miller 1117 Eastern Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 427.1 Coronary Thrombosis — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hiatus hernia ?

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 16, 1954, to Nov 10, 1954, that I last saw the deceased alive on 04/23, 1954, and that death occurred at 4 AM 11-18-54, from the causes and on the date stated above.

SIGNATURE (Degree or title) C. L. Koldany, MD | ADDRESS 456 Edgewater Apts. Balto 21, Md. | DATE SIGNED 11/18/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11/22/54 | NAME OF CEMETERY OR CREMATORY Sacred Heart of Jesus | LOCATION (City, Town, or County) Balto Co (State)

DATE REC'D BY LOCAL REGISTRAR 11-19-54 | REGISTRAR'S SIGNATURE G. L. Hedrick | 24. FUNERAL DIRECTOR J. J. Bruglansk | ADDRESS 1407 Eastern Ave

VS. A15

10184

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10190

CERTIFICATE OF DEATH

Reg. Dist. No. 38

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 312 Register Ave. | LENGTH OF STAY (in this place): 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
STREET ADDRESS (If rural, give location): 230 Main St.

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) Veronica (Last) Mcdairy
4. DATE OF DEATH: (Month) Nov (Day) 16 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 5/31/79
9. AGE last birthday: 75 yrs. | If under 1 year: Months 5, Days 15 | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Bernard Rock
14. MOTHER'S MAIDEN NAME: Matilda Kavanaugh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: George C. Mcdairy M.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 5 days.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): no
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): no m.
INJURY OCCURRED While at Work ☐ Not While At work ☐: no
HOW DID INJURY OCCUR?: none

22. I hereby certify that I attended the deceased from Nov 11, 1954, to Nov 16, 1954, that I last saw the deceased alive on Nov 15, 1954, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): George C. Mcdairy M.D. — ADDRESS: 230 Main St. Reisterstown Md. — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 11/20/54 | NAME OF CEMETERY OR CREMATORY: Holy Cross Cem. | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 11-19-54 | REGISTRAR'S SIGNATURE: J. M. Hedrick M.D.

24. FUNERAL DIRECTOR: Wm. J. Dickens & Sons — ADDRESS: Balto. 17, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10185

10191 **CERTIFICATE OF DEATH** Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 15 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Worton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LOUIS (Middle) E. (Last) MENCH

4. DATE OF DEATH: (Month) (Day) (Year) November 4, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: January 30, 1921

9. AGE last birthday 33 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Worton, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Mench

14. MOTHER'S MAIDEN NAME: Hattie Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 217-14-8361

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) CORONARY THROMBOSIS, ACUTE — INTERVAL BETWEEN ONSET AND DEATH: HOURS

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. LAENNEC'S CIRRHOSIS — UNKNOWN

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Oct. 20, 1954 to Nov. 4, 1954 and that death occurred at 1:20A.M, from the causes and on the date stated above.

SIGNATURE F. G. DICKEY, M.D. Chief, Medical Service M. D.

ADDRESS VAH, Fort Howard, Maryland

DATE SIGNED 11-4-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11-7-54

NAME OF CEMETERY OR CREMATORY Chestertown Cemetery

LOCATION (City, town, or county) (State) Chestertown, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-4-54

REGISTRAR'S SIGNATURE Dawson L. Harber

24. FUNERAL DIRECTOR ADDRESS Marvin Williams Funeral Home Chestertown, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10186

CERTIFICATE OF DEATH

10192

Reg. Dist. No. 33

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills, Maryland
LENGTH OF STAY (in this place): 51 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood State Training School 13

2. USUAL RESIDENCE (HOME) OF DECEASED:
STREET ADDRESS: 4627 Wilkins Avenue
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 28, Maryland
STATE: Maryland COUNTY: Baltimore
STREET ADDRESS (If rural give location): 4627 Wilkins Avenue

3. NAME OF DECEASED (Type or Print): (First) Lulu (Middle) (Last) Mettee

4. DATE OF DEATH: (Month) 11 (Day) 13 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 1-13-89

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Inmate

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland-U.S.A.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Andrew Mettee

14. MOTHER'S MAIDEN NAME: Anastasia Smith Mettee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Institutional Records-Rosewood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Heart Failure

DUE TO

Antecedent causes (b) Cardiac Infarct — 4-5 days

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO

(c) Coronary Sclerosis — Chronic

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Microcephaly

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work [ ] Not While At Work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-5- ,19 54, to 11-13 , 19 54, that I last saw the deceased alive on 11-13- 19 54, and that death occurred at 11:00 p.m. from the causes and on the date stated above.

SIGNATURE: Viola B. Johns (Degree or title) M.D ADDRESS: Rosewood Owings Mills, Md. DATE SIGNED: 11/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: Nov 16/54 NAME OF CEMETERY OR CREMATORY: Loudon Park LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REGISTRAR: 11-15-54 REGISTRAR'S SIGNATURE: G. W. Hedrick M.D.

24. FUNERAL DIRECTOR: Stewart Moreno ADDRESS: Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10187

10193

CERTIFICATE OF DEATH

Reg. Dist. No. 38

Items 8,9,13,14,16,17. film 2193 6/29/54 L

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2818 Emerald Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville
STREET ADDRESS (If rural give location) 2818 Emerald Road

3. NAME OF DECEASED. (Type or Print) (First) John (Middle) B. (Last) Michel

4. DATE OF DEATH: (Month) Nov. (Day) 20 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: April 7, 1906

9. AGE last birthday 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tool Eng.

10B. KIND OF BUSINESS OR INDUSTRY: Glenn L. Martin

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John F. Michel

14 MOTHER'S MAIDEN NAME: Mary E. Huebschman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) #

16. SOCIAL SECURITY NO. 212-07-7123

17. INFORMANT & ADDRESS: George Michel, son, 2818 Emerald Rd. "

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma Bladder, DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 7 Months

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Urinary DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION: April 1954

19B. MAJOR FINDINGS OF OPERATION: Carcinoma Bladder, urinary

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from .. .... , 1954 to 11-20-54, 1954 that I last saw the deceased alive on 11-17, 1954, and that death occurred at 11 P M, from the causes and on the date stated above.

SIGNATURE L. W. Peeke M.D. ADDRESS 4508 Harford Road DATE SIGNED 11-22-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Nov. 23, 1954

NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-22-54

REGISTRAR'S SIGNATURE A. W. Hedrick Jr.

24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road #14

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. ~~Hauss~~ Peake
4508 Harford Road
HA 6 0761

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10188

10194 CERTIFICATE OF DEATH

Reg. Dist. No. ..

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodlawn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2415 Poplar Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodlawn
STREET ADDRESS (If rural give location) 2415 Poplar Drive

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) E. (Last) MILLER

4. DATE OF DEATH: (Month) Nov. (Day) 30 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: Sept. 24, 1878

9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtd Adnubustrature

10B KIND OF BUSINESS OR INDUSTRY: U. S. Govt.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph C. Miller

14. MOTHER'S MAIDEN NAME: Mary Gordy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Katherine Trautmann-2415 Poplar Drive

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

45 A

IMMEDIATE CAUSE (A) Ruptured Abdominal Aortic Aneurysm — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Senile Infirmities of Age

DUE TO (C) Generalized Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. , 19 54 to Nov 30, 19 54 that I last saw the deceased alive on Nov 30, 1954, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE Dr Thos J Abbott M.D. ADDRESS 4509 Liberty Heights Ave DATE SIGNED Balto Md

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12.2.54

NAME OF CEMETERY OR CREMATORY Green Mount Cem.

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 12-1-54

REGISTRAR'S SIGNATURE G. H. Hedrick

24. FUNERAL DIRECTOR Wm. J. Wiesner & Sons

ADDRESS Balto Md 17

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10189

10083 CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DUNDALK
MARYLAND LENGTH OF STAY (in this place) 2 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 LEEWAY

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Md. COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DUNDALK 22
STREET ADDRESS (If rural give location) 4 LEEWAY

3. NAME OF DECEASED: (Type or Print) (First) LULA (Middle) WHITE (Last) MORGAN

4. DATE OF DEATH: (Month) 11 (Day) 22 (Year) 1954

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JUNE 12, 1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Month Day IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: CHAS. E. S. WHITE

14. MOTHER'S MAIDEN NAME: JULIA A. BLOODSWORTH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: ETHEL A. W. MARCH - SAME ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 331X Cerebral hemorrhage — Interval Between Onset And Death: 3 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerosis — 10 years

DUE TO

(c) Hypertension — 10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1954, to Nov 22, 1954, that I last saw the deceased alive on Nov 20, 1954, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Leland H. Andrews MD ADDRESS 33 Dundalk Ave. Dundalk Md DATE SIGNED 11/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 11-24-54

NAME OF CEMETERY OR CREMATORY OAK LAWN

LOCATION (City, town or county) BALTO. CO. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 23-1954

REGISTRAR'S SIGNATURE William M. Kelly

24. FUNERAL DIRECTOR Walter Brooks Bradley, Inc. ADDRESS Dundalk 22 Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10190

10091

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Lansdowne — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 620 Washington Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural, give location) 620 Washington Ave.

3. NAME OF DECEASED: (Type or Print) (First) Dennis (Middle) O. (Last) Morris

4. DATE OF DEATH: (Month) Nov. (Day) 30, (Year) 1954

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: June 14, 1889

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wrapper

10b. KIND OF BUSINESS OR INDUSTRY: Md. Paper Box Co.

11. BIRTHPLACE (State or foreign country): Martinsburg, W.Va.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Oliver Morris

14. MOTHER'S MAIDEN NAME: Mary Wolfensberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-07-5298

17. INFORMANT & ADDRESS: Blannie B. Morris, 620 Washington Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) & Myocardial Infarction.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/6, 1954, to 11/30, 1954, that I last saw the deceased alive on 11/30, 1954, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE (DECREE OR TITLE) ADDRESS DATE SIGNED

John E. Reese M.D. Halethorpe Md 12/1/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 12-3-54

NAME OF CEMETERY OR CREMATORY Meadowridge Memorial

LOCATION (City, town, or county) (State) Howard Co., Md.

DATE REC'D BY LOCAL REG. 12-2-54

REGISTRAR'S SIGNATURE G. H. Hedrick JK

24. FUNERAL DIRECTOR ADDRESS Howard H. Hubbard, 4107 Wilkens Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10191

10195

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY in this place 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3604 Tulsa Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) 307 S. Calhoun St

3. NAME OF DECEASED (Type or Print): (First) George (Middle) W. (Last) Neal

4. DATE OF DEATH: (Month) Nov (Day) 3 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 16 1863

9. AGE last birthday: 91 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter Ret

10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R.R.

11. BIRTHPLACE (State or foreign country): Sea Ford Delaware

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William C. Neal

14. MOTHER'S MAIDEN NAME: Mary E. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mary E. Neal 307 S. Calhoun St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Myocarditis — Interval Between Onset and Death: ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to age

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pernicious Anemia. — 10 yrs.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1944, to Nov. 3, 1954, that I last saw the deceased alive on Nov. 2, 1954, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Morris B. Streiker M.D. ADDRESS 54 S. Fulton Ave. DATE SIGNED 11-4-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov 6-1954

NAME OF CEMETERY OR CREMATORY: Lorraine Park Cem

LOCATION (City, town, or county) (State): Woodlawn Md

DATE REC'D BY LOCAL REG.: 11-4-54

REGISTRAR'S SIGNATURE: G. N. Hahn

24. FUNERAL DIRECTOR: Pratt & B. M. Wheeler ADDRESS: Pratt Stricker Sts

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10192

CERTIFICATE OF DEATH

10196 Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 28 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 24
STREET ADDRESS (If rural give location) 601 South 46th Street

3. NAME OF DECEASED: (Type or Print) (First) REINO (Middle) E (Last) NISKANEN

4. DATE OF DEATH: (Month) November (Day) 1, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: May 3, 1918

9. AGE last birthday 36 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10B. KIND OF BUSINESS OR INDUSTRY: Automobile

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Emil Niskanen

14. MOTHER'S MAIDEN NAME: Wio Tyyne MN: Veitaneim

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 215-16-6950

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hospital,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CHRONIC NEPHRITIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 4, 1954, to Nov. 1, 1954, and that death occurred at 3:50 A M, from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. ADDRESS M. D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 11-1-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Nov. 4, 1954 — NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery — LOCATION (City, town, or county) (State) 5501 Frederick Ave. Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 11/2/54 — REGISTRAR'S SIGNATURE C. A. Hedrick

24. FUNERAL DIRECTOR ADDRESS Wm.Cook-Blight Funeral Home Inc. 6009 Harford Road, Baltimore 14, Md.

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10193

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10197

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gray Manor
LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gray Manor
STREET ADDRESS (If rural, give location): 8 Graywood Rd.

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Frederick (Last) Nuesslein

4. DATE OF DEATH: (Month) Nov (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 2 1896

9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balt. Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Nuesslein

14. MOTHER'S MAIDEN NAME: Elizabeth Stripe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-07-2029

17. INFORMANT AND ADDRESS: Mrs. Agnes Nuesslein -wife same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 1 IX Carcinoma of Bladder

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) with metastases
(c) Bilateral hydronephrosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1953

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Bladder

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1953 to Nov 8, 1954, that I last saw the deceased alive on Nov 8, 1954, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or Title): Dr. Sylvan C. Gorkman — ADDRESS — DATE SIGNED: 11/9/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov 12 '54 — NAME OF CEMETERY OR CREMATORY: Meadowridge Cemetery — LOCATION (City, town, or county) (State): Howard Co. Md.

DATE REC'D BY LOCAL REG.: 11-10-54 — REGISTRAR'S SIGNATURE: A. W. Hedrick Jr.

24. FUNERAL DIRECTOR — ADDRESS: Lilly & Zeiler Inc. 1901 Eastern Ave Balt

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10194

10198

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridgeway Manor Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 1224 Graystone Rd.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Henry (Last) O'Brien

4. DATE OF DEATH: (Month) Nov. (Day) 29, (Year) 1954

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Sept. 17, 1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired mech.

10b. KIND OF BUSINESS OR INDUSTRY: United Shoe Mach.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alan C. O'Brian

14. MOTHER'S MAIDEN NAME: Mildred Conner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) none

16. SOCIAL SECURITY NO.: 212-03-4520

17. INFORMANT & ADDRESS: Margaret A. Stevens, 1224 Graystone Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Auricular Fibrillation — Interval Between Onset and Death: 2 mo.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic Heart Disease — Interval Between Onset and Death: indefin

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis Liver — 2 mo.

19a. DATE OF OPERATION: (V)

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20, 1954, to Nov. 29 1954, that I last saw the deceased alive on Nov. 27, 1954, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

A Bradley Daugherty MD 1264 Francis Ave 11-29-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 12-2-54 — NAME OF CEMETERY OR CREMATORY Holy Cross — LOCATION (City, town, or county) (State) Balto., Co., Md.

DATE REC'D BY LOCAL REG. 11-30-54 — REGISTRAR'S SIGNATURE A. W. Hedrick — FUNERAL DIRECTOR'S ADDRESS Howard R. Hubbard, 4107 Wilkens Ave.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10195

10199

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 189 Greenbank Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chase Post Office
STREET ADDRESS (If rural give location) 189 Greenbank Road

3. NAME OF DECEASED: (First) Mrs. (Middle) Katherine (Last) OTT (Type or Print)

4. DATE OF DEATH: (Month) November (Day) 16th (Year) 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Dec. 11, 1879

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Ringrose

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS. Mr. George A. Ott, 189 Greenbank Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Hypertensive Arteriosclerotic Cardio-vascular Renal Disease — 10 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) Diabetes — 15 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: no

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1st, 1954, to Nov. 16, 1954, that I last saw the deceased alive on Nov. 16, 1954, and that death occurred at 7:30 P. M, from the causes and on the date stated above.

SIGNATURE James J. White M. D. ADDRESS 432 Eastern Ave, Baltimore 24, Md. DATE SIGNED 11/18/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Nov. 19, 1954

NAME OF CEMETERY OR CREMATORY Baltimore National Cem.

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-18-54

REGISTRAR'S SIGNATURE A. H. Heindel

24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road #14

Dr. Jasper White
422 Eastern Ave. Rd.

10196

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10200

CERTIFICATE OF DEATH

Reg. Dist. No. 4 V

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 6014 Sycamore Road

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) S. (Last) PATTON

4. DATE OF DEATH: (Month) November (Day) 28, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 6/7/89

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10B. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Patton

14. MOTHER'S MAIDEN NAME: Elizabeth McClay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 216-07-4655

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) CHRONIC PNEUMONIA RIGHT LOWER AND MIDDLE LOBES; EMPYEMA, RIGHT; PURULENT BRONCHITIS;	
ANTECEDENT CAUSE (S)	FIBRINOUS PERICARDITIS	UNKNOWN
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	CHRONIC DUODENAL ULCER	UNKNOWN

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov.19th, 1954, to Nov. 28th, 19 54 that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 3:00P M, from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift M.D.
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 11/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: DEC. 1, 1954
NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR:
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Wm. Cook-Blight Inc. Funeral Home
ADDRESS: 6009 Harford Road, Balto., 14, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10197

10201 CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2020 Old Frederick Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrisburg
STREET ADDRESS (If rural give location) 421 Walnut St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) J. (Last) Piker

4. DATE OF DEATH (Month) Nov. (Day) 27/54 (Year) 19

5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Feb. 25/76
9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christian Piker
14. MOTHER'S MAIDEN NAME: Lena Dillinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: (Wife) Mrs. Isabel D[illegible], 421 Walnut St.

18. MEDICAL CERTIFICATION

DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Uremic Coma	2 days.
DUE TO		
ANTECEDENT CAUSE (B)	Arteriosclerotic Renal Disease	unknown
DUE TO		
(C)	Malnutrition 6 yrs	6 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

17. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 17, 1954, to Nov 27, 1954, that I last saw the deceased alive on Nov 26, 1954, and that death occurred at 7:30 P.M. from the causes and on the date stated above.

SIGNATURE Cliff Rawitt Jr. M.D. ADDRESS 4605 Edmondson ave Balto 29 DATE SIGNED 12/1/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Nov. 30/54
NAME OF CEMETERY OR CREMATORY [illegible] Memorial Park
LOCATION (City, town, or county) (State) Pembrook, Pa.

DATE REC'D BY LOCAL REGISTRAR 11/28/54
REGISTRAR'S SIGNATURE V E Harry
24. FUNERAL DIRECTOR ADDRESS Harry H. Leitzke 4101 Edmondson ave

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 30 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10198

10202

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
   COUNTY Baltimore MARYLAND
   CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Towson
   LENGTH OF STAY (in this place) 55
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Annacost Nursing Home LD

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE Md COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
   STREET ADDRESS (If rural give location) 2909 Liberty Parkway

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) E (Last) Powers

4. DATE OF DEATH: (Month) Nov (Day) 11 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Jan 21 1884

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Pratt

14. MOTHER'S MAIDEN NAME: Mary Tierney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Major Mark Dailey 2909 Liberty Pkway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Renal Disease DUE TO

(c)

Interval Between Onset And Death: (a) 4 days (b) 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 8, 1954, to Nov 11, 1954, that I last saw the deceased alive on Nov 11, 1954, and that death occurred at 9:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles F. O'Mullen 7501 York Rd 11/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov 12/54

NAME OF CEMETERY OR CREMATORY Sacred Heart Cem

LOCATION (City, town, or county) (State) Balto Co

DATE REC'D BY LOCAL REGISTRAR 11-12-54

REGISTRAR'S SIGNATURE C. C. Bedsworth

24. FUNERAL DIRECTOR Ulrich Funeral Home ADDRESS 2112 Dundalk Ave

VS. A15

VS 1

10199

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10203 CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Towson; LENGTH OF STAY (in this place) 11 mths; HOSPITAL OR INSTITUTION OR STREET ADDRESS Stella Maris Hospice

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; STREET ADDRESS (If rural give location) 4101 Buckingham

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Thomas (Last) Prevost

4. DATE OF DEATH: (Month) 11 (Day) 16 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower

8. DATE OF BIRTH: 4-19-1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ACCOUNTANT

10B. KIND OF BUSINESS OR INDUSTRY: (BOOKING)

11. BIRTHPLACE (State or foreign country): BALTIMORE

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH PREVOST

14. MOTHER'S MAIDEN NAME: VALERIE BIZOUARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. 219-12-6893

17. INFORMANT & ADDRESS: J. Ross Prevost, Balto, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.1 IMMEDIATE CAUSE (A) Carcinoma of Glands of Neck

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov ..., 1953, to Nov ..., 1954, that I last saw the deceased alive on 11/16, 1954, and that death occurred at 8:00 P M, from the causes and on the date stated above.

SIGNATURE Charles F. O'Donnell M.D. ADDRESS 7501 York Rd DATE SIGNED 11/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 11/18/54; NAME OF CEMETERY OR CREMATORY Lorraine; LOCATION (City, town, or county) Woodlawn Md (State)

DATE REC'D BY LOCAL REGISTRAR 11-17-54; REGISTRAR'S SIGNATURE G.W. Bedwell; 24. FUNERAL DIRECTOR Charles H. Purdum-Pikesville Md ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10200

10264

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3208 Acton Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural give location) 3028 Acton Road

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Sallie G. (Last) Prime

4. DATE OF DEATH: (Month) November (Day) 27 (Year) 1954

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed | 8. DATE OF BIRTH: Sept. 24, 1876 | 9. AGE last birthday 78 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John O'Donnell
14. MOTHER'S MAIDEN NAME: Annie Devlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Anna Dwayer, 3208 Acton Road #14

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Acute Coronary Thrombosis — 1 hr
DUE TO
ANTECEDENT CAUSE (B) Chronic Myocarditis GRADE III
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Atypical pneumonia

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 22, 1954 to Nov 27 1954 that I last saw the deceased alive on Nov. 26, 1954, and that death occurred at 5:28 P M, from the causes and on the date stated above.

SIGNATURE H. V. Harbold M. D. ADDRESS 4706 Harford Road-14 DATE SIGNED 11/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov. 30, 1954 | NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery | LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 11-29-54 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Leonard J. Ruck ADDRESS 5305 Harford Road #14

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10201

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10205 CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville Md
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home, Cockeysville

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Md
STREET ADDRESS (If rural give location) 3002 Wayne Ave

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Jonas (Last) Publow

4. DATE OF DEATH: (Month) Nov (Day) 13 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: Nov 24 1877

9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months 11 Days 19 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Carpentering

10B. KIND OF BUSINESS OR INDUSTRY: For himself

11. BIRTHPLACE (State or foreign country): Brockville, Canada

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John L. Publow

14. MOTHER'S MAIDEN NAME: Annie L. Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Cancer of lung - left upper lobe (either primary or secondary) — INTERVAL BETWEEN ONSET AND DEATH 1 year ?

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949 to Nov 13, 1954 that I last saw the deceased alive on Nov 13, 1954, and that death occurred at 9:35 P M, from the causes and on the date stated above.

SIGNATURE Walter J. Ives M.D. ADDRESS Cockeysville DATE SIGNED 13 Nov 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF 11/16/54 NAME OF CEMETERY OR CREMATORY Loudon Pk LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REGISTRAR 11/16/54 REGISTRAR'S SIGNATURE Laura M. Schroeder

24. FUNERAL DIRECTOR Wm. Cook, St. Paul & Preston ADDRESS

NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10202

10206

CERTIFICATE OF DEATH

Reg. Dist. No. 38

Items 17-14 Fil: C174 1-8-56 ps

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville
STREET ADDRESS (If rural give location) 3033 Linwood ave

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) M (Last) Pullin

4. DATE OF DEATH: (Month) 11 (Day) 24 (Year) 1954

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: Sept 26-1892 | 9. AGE last birthday 62 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Realtor | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: —Unkown

14. MOTHER'S MAIDEN NAME: Louisa ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Gladys Pullin 3033 Linwood ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Carcinoma of ascending colon — 9 mo'

ANTECEDENT CAUSE (S) DUE TO —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO —

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1954, to Nov. 24 1954, that I last saw the deceased alive on Nov. 24, 1954, and that death occurred at 4.00 P.M., from the causes and on the date stated above.

SIGNATURE Harold A. Gott, M.D. | ADDRESS M. D. 8100 Harford Rd | DATE SIGNED 11/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6/27/54 | NAME OF CEMETERY OR CREMATORY Sherwood Burial Park | LOCATION (City, town, or county) Roanoke Va. (State)

DATE REC'D BY LOCAL REGISTRAR 11/24/54 | REGISTRAR'S SIGNATURE A. M. Boone | 24. FUNERAL DIRECTOR J. Rush | ADDRESS 5305 Harford Rd

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10203

10207 CERTIFICATE OF DEATH

Reg. Dist. No. 10

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 1yr.11mo.29days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hanover
STREET ADDRESS (If rural give location) RFD

3. NAME OF DECEASED: (Type or Print) (First) Earl (Middle) B. (Last) Pumphrey

4. DATE OF DEATH: (Month) November (Day) 12, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-30-1890

9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10B. KIND OF BUSINESS OR INDUSTRY: own Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Pumphrey

14. MOTHER'S MAIDEN NAME: Sara ?

15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X
IMMEDIATE CAUSE (A) Cerebro-vascular accident
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. Cerebral arteriosclerosis Years
(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work [ ] Not while at work [ ] 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-2-, 1954, to 11-12-, 1954, that I last saw the deceased alive on 11-10-, 1954, and that death occurred at 8:50 A.M. from the causes and on the date stated above.

SIGNATURE AND ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 11-12-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 11-15-54 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) (State) Brooklyn R.F.D. Md.

DATE REC'D BY LOCAL REGISTRAR November 15, 1954 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR R. V. Singleton ADDRESS Glen Burnie

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10204

10203 CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodlawn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1907 Belmont Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2117 Allendale Rd.

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) E. (Last) REALS

4. DATE OF DEATH: (Month) Nov. (Day) 22 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Oct. 14, 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hat Trimmer

10B. KIND OF BUSINESS OR INDUSTRY: Mfg. Hats

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: Thomas Murphy

14. MOTHER'S MAIDEN NAME: Annie Waynes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

15. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. George H. Reals - 2117 Allendale Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) DUE TO Bronchopneumonia — 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchiectasis — unknown

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 28, 19 54 to Nov. 22, 19 54, that I last saw the deceased alive on Nov. 22, 19 54, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

SIGNATURE AND M. D. Abraham B. Hurwitz — ADDRESS 2200 Garrison Blvd. — DATE SIGNED Nov. 23 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11/26/54 — NAME OF CEMETERY OR CREMATORY Lorraine Cem. — LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 11-24-54 — REGISTRAR'S SIGNATURE G. H. Hedrick — 24. FUNERAL DIRECTOR Wm. J. Pickus & Sons — ADDRESS Baltimore

10205

MARYLAND

STATE DEPARTMETT OF HEALTH

10209

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Arbutus Balto Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus Rural
LENGTH OF STAY (in this place) 2 1/2 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 5221 Arbutus Ave Baltimore Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Mamie E (Last) Ring

4. DATE OF DEATH (Month) (Day) (Year) 11-3-54

5. SEX F | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 1-26-1871 | 9. AGE last birthday 83 yrs. | If under 1 year Months. | Days | If under 24 hrs Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Employee | 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Talbot Co Md | 12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME John W Ring

14. MOTHER'S MAIDEN NAME Elizabeth Hemp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Anne Ring Frazer (Same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: 2 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pernicious Anemia — 8 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 22, 1954, to Nov. 3, 1954, that I last saw the deceased alive on Nov 1, 1954, and that death occurred at 12:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A Bradley Daughaday MD | ADDRESS 1264 Francis Ave | DATE SIGNED Nov 4 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 11-5-54 | NAME OF CEMETERY OR CREMATORY London Park Cem | LOCATION (City, town, or county) (State) Frederick Rd Baltimore

DATE REC'D BY LOCAL REG. 11-4-54 | REGISTRAR'S SIGNATURE G. M. Hatch JK | 24. FUNERAL DIRECTOR ADDRESS Edward Foulon Balto 30 Md

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10206

10052

CERTIFICATE OF DEATH

Reg. Dist. No. 42

Item 8, FilmG175 12-23-54 et

1. PLACE OF DEATH
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) English Consul
MARYLAND LENGTH OF STAY (in this place) 30 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3913 Myrtle Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY BALTIMORE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ENGLISH CONSUL
STREET ADDRESS (If rural give location) 3913 MYRTLE AVE

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) R. (Last) Rosch.

4. DATE OF DEATH: (Month) Nov. (Day) 16 (Year) 1954

5. SEX: F. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married 8. DATE OF BIRTH: Oct 21 1880 9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hw 10B. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): Budapest. 12. CITIZEN OF WHAT COUNTRY? Hungary

13. FATHER'S NAME: Michael Rosch 14. MOTHER'S MAIDEN NAME: Dora Kraus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT & ADDRESS: Michael Rosch 3913 Myrtle Ave English Consul

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardio-vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSE (B) DUE TO Arteriosclerosis — 5 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes — 14 yr.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1954, to 11/16/54, 19 , that I last saw the deceased alive on 11/16/54, 19 , and that death occurred at 11 P. M, from the causes and on the date stated above.

SIGNATURE Chas. L. Ball, Jr. M. D. ADDRESS Linthicum Md. DATE SIGNED 11/16/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Nov 19, 1954 NAME OF CEMETERY OR CREMATORY Woodlawn Cem LOCATION (City, town, or county) (State) Woodlawn Md

DATE REC'D BY LOCAL REGISTRAR 11-17-54 REGISTRAR'S SIGNATURE A. H. Hedrick 2K 24. FUNERAL DIRECTOR Potter & B. M. Walters ADDRESS Glenburnie Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10207

10210 CERTIFICATE OF DEATH Reg. Dist. No. ..

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2709 North Howard Street

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (Last) RUPTIC

4. DATE OF DEATH (Month) (Day) (Year) November 16, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 11-29-91

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintainence Man

10B. KIND OF BUSINESS OR INDUSTRY: General Motors

11. BIRTHPLACE (State or foreign country): Lyon, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carl Ruptic

14. MOTHER'S MAIDEN NAME: Mary Vestry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW 1

16. SOCIAL SECURITY NO. 179-10-4658

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CALCIFIC DISEASE OF AORTIC VALVE WITH STENOSIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 2, 1954 to Nov. 16, 1954 and that death occurred at 8:40 PM, from the causes and on the date stated above.

SIGNATURE William B. Vandegrift M.D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 11-17-54

WILLIAM B. VANDEGRIFT, M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11/20/54

NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-18-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS GEORGE J. GONCE FUNERAL HOME 4001 Richie Highway, Baltimore, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10208

10084 **CERTIFICATE OF DEATH**

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk | LENGTH OF STAY (In this place) 54 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1743 Leslie Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 1743 Leslie Ave.

3. NAME OF DECEASED (Type or Print): (First) Katherine (Middle) (Last) Sakowski

4. DATE OF DEATH: (Month) November (Day) 17, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec. 1, 1884

9. AGE last birthday: 69 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Matthew Sofinowski

14. MOTHER'S MAIDEN NAME: Maryanna Marcowka

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mr. Gustav Sakowski Same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic - Cardio-vascular Renal Disease 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1954, to Nov. 17, 1954, that I last saw the deceased alive on Nov 17, 1954, and that death occurred at 2.50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eugene R. Evans — ADDRESS 1 Liberty Parkway — DATE SIGNED Nov. 18, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Nov. 20, 1954 | NAME OF CEMETERY OR CREMATORY: Christ Lutheran Church Cem. | LOCATION (City, town, or county) (State): Dundalk Md.

DATE REC'D BY LOCAL REG.: November 20 1954 | REGISTRAR'S SIGNATURE: K.W.

24. FUNERAL DIRECTOR: Henry Sander & Sons Inc. — ADDRESS: Baltimore Maryland.

Geo. F. Sander

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10209

10217 CERTIFICATE OF DEATH Reg. Dist. No. 3

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 12yr. 3mo. 25days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 6602 Firdel Avenue

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) (Last) Schaefer

4. DATE OF DEATH (Month) (Day) (Year) November 22, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 12-14-1900
9. AGE last birthday 53 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Julius Schaefer
14. MOTHER'S MAIDEN NAME: Amelia Beck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS. Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Carcinoma of stomach — 6 months
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-2- , 1954 to 11-22- , 1954 that I last saw the deceased alive on 11-22- , 1954, and that death occurred at 4:00 PM, from the causes and on the date stated above.
SIGNATURE James H. Mackey M. D.
PM ADDRESS Spring Grove State Hospital
DATE SIGNED 11-22-54
Catonsville 28 Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11/24/54
NAME OF CEMETERY OR CREMATORY Parkwood Cem
LOCATION (City, town or county) (State) Balto md

DATE REC'D BY LOCAL REGISTRAR 11-22-54
REGISTRAR'S SIGNATURE C. H. Medrick
24. FUNERAL DIRECTOR Lasasha Funeral Home
ADDRESS 7401 Belair Rd

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10211

CERTIFICATE OF DEATH

10210

Reg. Dist. No. C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Marsh Md. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Marsh
STREET ADDRESS (If rural, give location) Box 423 - White Marsh Md.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) J. (Last) Schaub
4. DATE OF DEATH: (Month) Nov. (Day) 22 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 30 1877
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Francis J. Schaub
14. MOTHER'S MAIDEN NAME: Mary E. Schnuder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Joseph L. Schaub - Box 423 White Marsh Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Carcinomatosis — 2 yrs
(c) Carcinoma of Prostate — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1954, to Nov 22, 1954, that I last saw the deceased alive on Nov 22, 1954, and that death occurred at 6 20 A m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

W. Brumgardner M.D. | Balto 6 Md | 11/22/54

23. BURIAL, CREMATION REMOVAL (Specify): Buried | DATE THEREOF: Nov. 25, 1954 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem. | LOCATION (City, town, or county) (State): Balto - Md

DATE REC'D BY LOCAL REG. 11-22-54 | REGISTRAR'S SIGNATURE: L. M. Hedrick | 24. FUNERAL DIRECTOR: John C. Miller Inc. | ADDRESS: 2431 E. Oliver St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10211

10212

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): Mary H. L. Schiefer
2. DATE OF DEATH: Nov. 9/54
3. PLACE OF DEATH: A. Baltimore City, Maryland — B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7039 Eastern Ave
c. Length of stay in Baltimore: Life Yrs. Mos. Days
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE: Baltimore County — B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write BOROUGH, and give township): Baltimore County
D. STREET ADDRESS (If rural, give location): 7039 Eastern Ave
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug. 22/1876
9. AGE (In years last birthday): 78 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joshaus Le Compte
14. MOTHER'S MAIDEN NAME: Josphine Turner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Elmer Schiefer — ADDRESS: 7039 Eastern Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
(B) Hypertensive Cardio Vascular Disease
DUE TO
(C) Generalized Arteriosclerosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

22 I hereby certify that I attended the deceased from Jan 1949, 19__, to Nov 9, 1954, that I last saw the deceased alive on Nov 9, 1954, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE: Pedro J. Jamorchi M. D.
23B. ADDRESS: 2711 Eastern Ave.
23C. DATE SIGNED: Nov 10 1954

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/12/54
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24D. LOCATION (City, town, or county) (State): Baltimore

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Philip Henry Sons — ADDRESS: 2024 Orleans St.

10213 Item 12, Film 6174 12-16-54 et

10212

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 45

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Middle River, Md. 54; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 193, Rt. 15

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.; CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Middle River Balto 20; STREET ADDRESS (If rural, give location) B/193 Rt 15 Eastern Avenue & Chesley Road

3. NAME OF DECEASED: (Type or Print) (First) Ewald (Middle) Bertram (Last) Schlag

4. DATE OF DEATH (Month) Nov (Day) 27 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH: Nov 20 1881

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Florist grower

10b. KIND OF BUSINESS OR INDUSTRY: own business

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Clara Muller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Rudolf G. Schlag, son, above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion. — Interval Between Onset and Death: Immediate

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) Death 11-27-54 10 A.M. INJURY **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE O'Meara M.D. M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☑ ~~ASSISTANT MEDICAL EXAM.~~ ☐ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Nov.30,1954 | NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery | LOCATION (City, town, or county) (State) Eastern Ave. Balto. Md.

DATE REC'D BY LOCAL REG. 11-30-54 | REGISTRAR'S SIGNATURE [illegible] | **24. FUNERAL DIRECTOR** Schimunek Funeral Home, Inc. | ADDRESS ~~2601-3-5~~ E. Madison St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10213

10214

CERTIFICATE OF DEATH

Reg. Dist. No. 20

Items 11, 12, Film 1/4 12-2-54 et

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 57
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) Denmore Ave 5011

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) (Last) Schroeder

4. DATE OF DEATH: (Month) 11 (Day) 21 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow | 8. DATE OF BIRTH: Jan. 23 1875 | 9. AGE last birthday 79 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Hellmeyer

14. MOTHER'S MAIDEN NAME: Wilhelmina Koenig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Heart Failure

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arterio sclerot. Cardio Vasc. Disease Myocard. degeneration

(C) Arteriosel. gangrene on large toe of left foot.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/17, 19 54, to 11/21, 19 54, that I last saw the deceased alive on 11/21, 19 54, and that death occurred at 4.15 A.M, from the causes and on the date stated above.

SIGNATURE Stella Wachsler M.D. ADDRESS Spring Grove State Hosp. DATE SIGNED 11/21/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov 24/54 | NAME OF CEMETERY OR CREMATORY Lorraine Cemetery | LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR 11-22-54 | REGISTRAR'S SIGNATURE A. R. Hedrick M.D. | 24. FUNERAL DIRECTOR Loring Byers | ADDRESS 5005 Pk Heights

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10214

MARYLAND 10215

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 50

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Bltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS House in The Pines

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 190 Cherrydell Road.

3. NAME OF DECEASED (Type or Print): (First) Barbara; (Middle); (Last) Seitz

4. DATE OF DEATH: (Month) Nov. (Day) 7 (Year) 1954

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 4, 1879

9. AGE last birthday: 75 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Conrad Hoerner

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Miss Margaret Seitz, 190 Cherrydel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Myocardial Infarction	10 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Hypertensive Cardio Vascular Renal Disease	10 yr.
	(c) Diabetes Mellitus	15 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour); INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1 ..., 1954 to 11-7 ..., 1954, that I last saw the deceased alive on 11-6 ..., 1954, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title); ADDRESS; DATE SIGNED

Melvin K. Gallager M.D. Catonsville 6-26, Md. 11-8-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE: Nov 10 54; NAME OF CEMETERY OR CREMATORY: St. Mathews; LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 11-10-54; REGISTRAR'S SIGNATURE: C. E. Harry; FUNERAL DIRECTOR: Dorsey & Farley; ADDRESS: Catonsville.

10216 10215

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Parkville; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8507 Oakleigh Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 8507 Oakleigh Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Baker (Last) Sentz
4. DATE OF DEATH: (Month) Nov. (Day) 15 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Sept. 22, 1897
9. AGE last birthday: 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baggage Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Greyhound Bus Co.
11. BIRTHPLACE (State or foreign country): Carroll Co. Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William A. Sentz
14. MOTHER'S MAIDEN NAME: Mary A. Harrisen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212 - 07 - 7879
17. INFORMANT AND ADDRESS: Mrs. Elinor M. Sentz 8507 Oakleigh Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary artery occlusion — Interval Between Onset and Death: 1 month

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) congenital factor

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/29, 1954, to 11/15, 1954, that I last saw the deceased alive on 11/5, 1954, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edward Barron Grau MD 852 Fork Raven Blvd Towson 4 Md 11/15/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 18, 1954
NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
LOCATION (City, town, or county) (State): Baltimore Co. Maryland

DATE REC'D BY LOCAL REG.: 11-16-54
REGISTRAR'S SIGNATURE: G. M. Hedrick M.D.
24. FUNERAL DIRECTOR: William Cook-Blight, Inc. ADDRESS: 6009 Harford Road

MARYLAND STATE DEPARTMENT OF HEALTH

10216

10218

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 252 Ridge Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 252 Ridge Avenue

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) SUSAN (Last) SHEPHERD

4. DATE OF DEATH: (Month) 11 (Day) 8 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Sept. 10, 1875

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Baltimore Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr. William Bayne

14. MOTHER'S MAIDEN NAME: Victoria Emge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Leslie Harrison, 252 Ridge Avenue #4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CONGESTIVE HEART FAILURE	12 HOURS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CEREBRO-VASCULAR ACCIDENT	12 HOURS
	(c) DIABETES MELLITUS; HYPERTENSIVE VASCULAR DISEASE	YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1952, to 11/8, 1954, that I last saw the deceased alive on 11/8, 1954, and that death occurred at 9:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ronald F. Somerville M.D. — ADDRESS: 25 W. Pa. Ave Towson 4, Md. — DATE SIGNED: 11/8/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 11, 1954 — NAME OF CEMETERY OR CREMATORY: Moreland Memorial Park — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 11-9-54 — REGISTRAR'S SIGNATURE: E. E. Hedrick M.D.

24. FUNERAL DIRECTOR — ADDRESS: Leonard J. Ruck, 5305 Harford Road #14

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10217

10219

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (RURAL) Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stella Maris Hospice

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural give location) 2906 St. Paul St.

3. NAME OF DECEASED: (Type or Print) (First) Nannie (Middle) Markoe (Last) Sibley

4. DATE OF DEATH: (Month) Nov. (Day) 8 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 1, 1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Balto., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank Markoe

14. MOTHER'S MAIDEN NAME: Maria Thomas

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: F. M. Sibley Fair Haven, N.J.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Degenerating Aneurysm — Interval Between Onset And Death:

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Of Descending Aorta — 2 Days

DUE TO (c) Hypertension Cardio Renal Vascular Disease — 10 Yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1954, to Nov. 1954, that I last saw the deceased alive on Nov. 8, 1954, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles F. Wagnell MD ADDRESS 7501 York Rd DATE SIGNED 11/9/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11-10-1954 NAME OF CEMETERY OR CREMATORY New Cathedral LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 9, 1954 REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR H. W. Jenkins & Sons Co. ADDRESS 4905 York Rd.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

10218

10220 **CERTIFICATE OF DEATH**

FOR MEDICAL EXAMINERS

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hereford; MARYLAND; LENGTH OF STAY (In this place) 6 wks.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Monkton Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hereford; STREET ADDRESS (If rural, give location) Monkton Rd.

3. NAME OF DECEASED (Type or Print): (First) Julie (Middle) Gaye (Last) Simmons.

4. DATE OF DEATH: (Month) Nov. (Day) 20 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Sept. 18 1954

9. AGE last birthday: yrs. If under 1 year: Months 2; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): York, Pa

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Carroll Simmons.

14. MOTHER'S MAIDEN NAME: Elsie Louise Benham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Carroll Simmons, Monkton, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonitis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy [ ], Inspection [✓] Inquiry [ ] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [✓], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE: C. M. Frame (Degree or title) M.D. ADDRESS Parkton Md. DATE SIGNED 11/20/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF Nov 22 1954; NAME OF CEMETERY OR CREMATORY: West Liberty Cem.; LOCATION (City, town, or county) (State): White Hall, Balto. Co., Md.

DATE REC'D BY LOCAL REG. 11/20/54; REGISTRAR'S SIGNATURE: Gloucester L Feeser; 24. FUNERAL DIRECTOR: Jacob Hartenstein; ADDRESS: Rev. Freedom, Pa.

10219

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10221

CERTIFICATE OF DEATH

Reg. Dist. No. .. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural give location) 3437 Elmora Ave

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Edna (Last) Simms

4. DATE OF DEATH: (Month) Nov (Day) 16 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Dec 24 1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Mc Farlan

14. MOTHER'S MAIDEN NAME: Dont Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Walter M Simms 3437 Elmora Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Acute Congestive Heart Failure	12 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Parkinsonism Advanced	0 ÷ 2 yrs
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Oct, 19 54, to 15 Nov, 19 54, that I last saw the deceased alive on 15 Nov, 19 54, and that death occurred at 2:20 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
H E Mc Grath M D — 1707 Edmondson Ave. Catonsville 28 — 16 Nov 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov 19/54 — NAME OF CEMETERY OR CREMATORY Parkwood — LOCATION (City, town, or county) (State) Balto

DATE REC'D BY LOCAL REGISTRAR 11-18-54 — REGISTRAR'S SIGNATURE G. H. Hedrick — 24. FUNERAL DIRECTOR — ADDRESS J. C. Welsh Funeral Home 4210 Belair Road

10222

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10220

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (In this place) 50 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 417 West Pratt Street

3. NAME OF DECEASED. (Type or Print) (First) WALTER (Middle) A. (Last) SKODIS

4. DATE OF DEATH: (Month) November (Day) 19, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: 5-15-87

9. AGE last birthday 67 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Tailoring

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ronewich Lithuania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Skodis

14. MOTHER'S MAIDEN NAME: Mary Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF ESOPHAGUS WITH GENERALIZED — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B) DUE TO METASTASIS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ARTERIOSCLEROTIC HEART DISEASE

19A. DATE OF OPERATION: 11-17-54

19B. MAJOR FINDINGS OF OPERATION Gastrostomy- Metastatic Carcinoma masses in both lobes of the Liver

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept.30, 1954, to Nov. 19., 1954, and that death occurred at 4:00 PM, from the causes and on the date stated above.

SIGNATURE James J. Nolan M.D. ADDRESS VAH, Fort Howard, Maryland DATE SIGNED 11-19-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11-23-54 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-22-54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR AND ADDRESS William Cook-Flight Inc. Funeral Home 6009 Harford Road, Baltimore 14, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10221

10223

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard; LENGTH OF STAY (in this place) 33 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME.) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 1002 W. Fayette Street

3. NAME OF DECEASED: (Type or Print) (First) JIM (Middle) S. (Last) SMITH

4. DATE OF DEATH: (Month) (Day) (Year) November 17 19 54

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: August 21, 1896

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charlotte, N. Carolina

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Frank Smith

14. MOTHER'S MAIDEN NAME: Susie MN: Anthony

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 238-18-4284

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF TAIL OF PANCREAS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Oct. 15, 1954, to Nov. 17, 1954, and that death occurred at 7:35 PM, from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift M.D. ADDRESS: M. D. VAH, FORT HOWARD, MARYLAND DATE SIGNED: 11-18-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 11/22/1954

NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 11-19-54

REGISTRAR'S SIGNATURE: A. N. Schmidt

24. FUNERAL DIRECTOR AND ADDRESS: Katie Williams Funeral Home 322 N. Schroeder St., Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10222

CERTIFICATE OF DEATH

10224

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 315 Ingleside Ave Catonsville Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural, give location) 12 Pleasant Hill Rd.

3. NAME OF DECEASED: (First) Mary (Middle) L. (Last) Smith
4. DATE OF DEATH: (Month) Nov. (Day) 4th (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Widowed
8. DATE OF BIRTH: 1/6/1857
9. AGE last birthday: 97 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Wayne Co. Penna.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jerome Bender
14. MOTHER'S MAIDEN NAME: Elizabeth Learn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. Edwin Wyatt Reisterstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Degeneration	10 years
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic Cardio Vascular Disease	15 years
	DUE TO	
	(c) Senility	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 26, 1954, to Nov 4, 1954, that I last saw the deceased alive on Nov 4, 1954, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Joshua H. Annacott M.D. 6419 Windsor Mill Rd Baltimore 7 Md 11/5/54

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify): Removal
DATE THEREOF 11/5/54
NAME OF CEMETERY ~~OR CREMATORY~~ Swiftwater
LOCATION (City, town, or county) (State) Monroe Co. Penna.

DATE REC'D BY LOCAL REG. 11-5-54
REGISTRAR'S SIGNATURE G. M. Hedrick
24. FUNERAL DIRECTOR Wm Cook Inc ADDRESS 1217 St. Paul st.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10223

10225 CERTIFICATE OF DEATH Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2211 Taylor avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 11
STREET ADDRESS (If rural give location) 3846 Quarry Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E. (Last) Spangler
4. DATE OF DEATH: (Month) Nov. (Day) 21, (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Apr. 1865
9. AGE Last birthday: 89 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Baker
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Family information

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic C.V.D.
DUE TO
(c)

Interval Between Onset And Death: 5 min.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1954 to Nov. 21, 1954, that I last saw the deceased alive on Nov. 18, 1954, and that death occurred at 9:15 AM from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Harold A. Gott M.D. 8100 Harford Rd - 11/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 24 1954
NAME OF CEMETERY OR CREMATORY St. Mary's Hampden
LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REGISTRAR 11/26/54
REGISTRAR'S SIGNATURE C. M. Bacon
24. FUNERAL DIRECTOR ADDRESS John Burns' Sons, Towson, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10224

10226 CERTIFICATE OF DEATH

Reg. Dist. No. 27

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Wilson.
LENGTH OF STAY (in this place) 3 Mo 16 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus.
STREET ADDRESS (If rural give location) R# 1.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Edgar (Last) Stephens

4. DATE OF DEATH: (Month) Nov. (Day) 20 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Dec 22 1886
9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Own Farm.
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Robt Stevens
14. MOTHER'S MAIDEN NAME: Isabel Padgett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-32-3051
17. INFORMANT & ADDRESS: Robt Edgar Stephens

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cancer Lung
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 8 Months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-4, 1954, to 11-20, 1954 that I last saw the deceased alive on 11-20, 1954, and that death occurred at 1:45 PM, from the causes and on the date stated above.
SIGNATURE William Newcomer Supt. M. D. ADDRESS Mt Wilson Md DATE SIGNED 11-20-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Nov. 23, 1954
NAME OF CEMETERY OR CREMATORY Monocacy Cemetery
LOCATION (City, town, or county) (State) Beallsville, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 23 1954
REGISTRAR'S SIGNATURE Della N. Burdette
24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10225

10227 **CERTIFICATE OF DEATH** Reg. Dist. No. 3-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mercy Villa Bellon Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE N. J. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Montclair
STREET ADDRESS (If rural, give location) 240 S. Mountain Ave

3. NAME OF DECEASED: (Type or Print) (First) Caroline (Middle) Stumpf (Last) Stoffregen

4. DATE OF DEATH: (Month) Nov. (Day) 13, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 4, 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis C. Stumpf

14. MOTHER'S MAIDEN NAME: Anna Elizabeth Weber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Wm. B. Athey 215 Upnor Road.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardio. Vascular Disease — 3 yrs.
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | **19b. MAJOR FINDINGS OF OPERATION:** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 19..52, to 11/13, 19..54, that I last saw the deceased alive on 11/13/54, 19..54, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE J. D. Flynn (DEGREE OR TITLE) M.D. ADDRESS 11 E Chase St DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Cremation	Nov. 15, 1954	Green Mount	Baltimore,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 13, 1954	Mabel C. Gray	John O. Mitchell & Sons	1900 Eutaw Pl.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10226

10228 CERTIFICATE OF DEATH Reg. Dist. No. 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) First Alberta (Middle) Mae (Last) Stroh

4. DATE OF DEATH: (Month) Nov. (Day) 24 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 31, 1878

9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Abraham Hare

14. MOTHER'S MAIDEN NAME: Harriett Hare

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Family Records

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Heart Disease, chronic myocarditis decompensated	8 yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Bronchopneumonia	4 wks
	DUE TO (c) Senile changes with arteriosclerosis	8 yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1935, to Nov 20, 1954, that I last saw the deceased alive on Nov 20, 1954, and that death occurred at 1:40 PM, from the causes and on the date stated above.

SIGNATURE Rollin L. Hudson MD (Degree or title) ADDRESS Towson Md DATE SIGNED 11/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov. 24 1954

NAME OF CEMETERY OR CREMATORY Poplar Grove Cem.

LOCATION (City, town, or county) (State) Cockeysville, Md.

DATE REC'D BY LOCAL REGISTRAR Nov 26 54

REGISTRAR'S SIGNATURE M. Elizabeth Forsen C.R.

24. FUNERAL DIRECTOR John Burns' Sons, Towson, Md.

ADDRESS

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10227

10229

CERTIFICATE OF DEATH

Reg. Dist. No. 4 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 91 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: W.Virginia — COUNTY: Hardy
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mathias
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) LOY (Middle) B. (Last) STULTZ

4. DATE OF DEATH: (Month) November (Day) 22 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: July 2, 1895

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hardy,County, W. Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Stultz

14. MOTHER'S MAIDEN NAME: Martha MN: Lowery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) MENINGITIS	
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO Due to POST OPERATIVE INFECTION	46 DAYS
	DUE TO BRAIN TUMOR	UNKNOWN
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1.8-25-54/2.9-1-54/3.9-1-54/4.9-1-54/5.10-7-54)

19B. MAJOR FINDINGS OF OPERATION: 1. Bilateral Trephining; 2. Ventriculogram; 3. Craniotomy 4. Tracheostomy; 5. Hemispherectomy, right

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 23 1954, to Nov. 22, 1954, and that death occurred at 10:30 AM, from the causes and on the date stated above.

SIGNATURE: C. J. Papastrat, M.D. — ADDRESS: VAH, Fort Howard, Md. — DATE SIGNED: 11-22-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF — NAME OF CEMETERY OR CREMATORY: Mathias Cemetery — LOCATION (City, town, or county) (State): Hardy County, West Virginia

DATE REC'D BY LOCAL REGISTRAR: 11-23-54 — REGISTRAR'S SIGNATURE: C. W. Hedrick — 24. FUNERAL DIRECTOR AND ADDRESS: Charles S. Zeller Funeral Homes 901 S. Conkling St., Baltimore, Md.

10228

10230

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 FOSTING AVENUE	STREET ADDRESS (If rural give location) 14 FOSTING AVE.

3. NAME OF DECEASED (Type or Print)	(First) AARON	(Middle)	(Last) SUSSMAN	4. DATE OF DEATH	(Month) NOV.	(Day) 8	(Year) 1954	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 1866	9. AGE last birthday 88 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY SCRAP METAL	11. BIRTHPLACE (State or foreign country) GERMANY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Louis F. Sussman-311 Montgomery Street LAUREL, MD.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Pulmonary Oedema	36 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Decompensation	2 mos.
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic hypertrophy	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Oct 2, 1954, to Nov 8, 1954, that I last saw the deceased alive on Nov 8, 1954, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
M W Isaacson M.D.	2310 Eutaw Place	Nov. 9, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 10 54.	Har Zion Cong.	Baltimore, Maryland.
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-10-54	C. A. Hedrick	Sol Levinson & Bros. Inc.	1124-26 W. North Ave.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10229

CERTIFICATE OF DEATH

Reg. Dist. No. .....

10231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 314 Poplar Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 314 Poplar Rd.

3. NAME OF DECEASED: (First) HARRY (Middle) (Last) TANKersley Sr.

4. DATE OF DEATH: (Month) 11 (Day) 29 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 14-1885

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months 1 Days 15 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator Tin Mill

10b. KIND OF BUSINESS OR INDUSTRY: Beth Steel Sp. Pt.

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Tankersley

14. MOTHER'S MAIDEN NAME: Sara Jane Shoffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-07-2638

17. INFORMANT & ADDRESS: Lenora Tankersley 314 Poplar Rd. Essex 21

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — Interval between onset and death: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic Cardiovascular disease — 2 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 28 1954, to Nov 29, 1954, that I last saw the deceased alive on Nov 29, 1954, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Wm Gardner MD Balto 6 Md 11/30/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 12/2/54

NAME OF CEMETERY OR CREMATORY Oak Lawn

LOCATION (City, town, or county) (State) Eastern Blvd. Balto Md

DATE REC'D BY LOCAL REG. 12-30-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Thos G. Connelly ADDRESS Essex Md

10232

Item 16 Film 617 1-1-54

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10230 Reg. Dist. 1C

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (In this place) 54
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1644 Eastern Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 1644 Eastern Ave.

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) HALL (Last) THOMSON

4. DATE OF DEATH (Month) Nov. (Day) 16 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct 22-1890	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Engineer	R.R.	Scotland	U.S.A.

13. FATHER'S NAME: James Edward Thomson
14. MOTHER'S MAIDEN NAME: Janie Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mystic Thomson 1644 Eastern Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Hypertensive cardiovascular disease	
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul F. Emerson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 11/17/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	11-20-54	Fremont Cemetery	Erie Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/17/54	Edith Hurley	J. Lee Kendall & Son	Towson Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10231

CERTIFICATE OF DEATH

10233

Reg. Dist. No. 35

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Parkton
LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rayville.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Parkton.
STREET ADDRESS (If rural give location) Rayville.

3. NAME OF DECEASED: (Type or Print) (First) Rodney (Middle) Arnette (Last) Townsend

4. DATE OF DEATH: (Month) November (Day) 27, (Year) 1954.

5. SEX: Male

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: June 13, 1939

9. AGE last birthday 15 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student

10B. KIND OF BUSINESS OR INDUSTRY: High School.

11. BIRTHPLACE (State or foreign country): Salem, W. Va.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Edward Townsend.

14. MOTHER'S MAIDEN NAME: Janet Wolfe.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Edward A. Townsend, Parkton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Sarcoma fibula — INTERVAL BETWEEN ONSET AND DEATH 10 months

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 12-25-54

19B. MAJOR FINDINGS OF OPERATION: Sarcoma fibula

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15, 1954, to 11-27, 1954, that I last saw the deceased alive on 11-16, 1954, and that death occurred at 5.45 A.M., from the causes and on the date stated above.

SIGNATURE Louis Schatanoff M. D. ADDRESS New Freedom, Pa. DATE SIGNED 11-27-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Nov. 29/1954 — NAME OF CEMETERY OR CREMATORY Pine Grove Cemetery. — LOCATION (City, town, or county) (State) Parkton, Balto. Co., Md.

DATE REC'D BY LOCAL REGISTRAR 11/28/54 — REGISTRAR'S SIGNATURE Lucas L. Fuller — 24. FUNERAL DIRECTOR Jacob Bortenstein — ADDRESS New Freedom, Pa.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10234

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10232

Reg. Dist. No. 36

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mercy Villa

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 16 Southfield Place

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Josephine (Last) Turner
4. DATE OF DEATH (Month) (Day) (Yr.): Nov. 8, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 6, 1909
9. AGE last birthday: 45 yrs. — If under 1 year: Months 10, Days 2 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Lacey
14. MOTHER'S MAIDEN NAME: Mary E. Cochran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: John Turner, Jr. 16 Southfield Pl.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of the right breast — 5 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized carcinomatosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1, 19 50, to 11/8, 19 54, that I last saw the deceased alive on 11/8/, 19 54 and that death occurred at 7 P.M. m., from the causes and on the date stated above.

SIGNATURE: Philip D. Flynn, M.D. (Degree or title) Physician — ADDRESS: 11 East Chase Street — DATE SIGNED: 11/10/54

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: 11-11-54 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: 11-10-54 — REGISTRAR'S SIGNATURE: A. W. Heckrotte — 24. FUNERAL DIRECTOR: Fred A. Cole — ADDRESS: 1913 W. Balto. St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10233

10235

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; LENGTH OF STAY in this place 3 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balt.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) —; STREET ADDRESS (If rural give location) 516 Edmondson Ave

3. NAME OF DECEASED: (First) Henry (Middle) Henry (Last) Veit (VEIT)

4. DATE OF DEATH: (Month) Nov (Day) 3 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W

8. DATE OF BIRTH: 3/12/74

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Veit

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ?

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 177X

(A) Carcinoma of Prostate

ANTECEDENT CAUSE (B):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility + Arteriosclerosis

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1954 to Nov. 3, 1954 that I last saw the deceased alive on Nov. 3, 1954 and that death occurred at 6 A. M. from the causes and on the date stated above.

SIGNATURE Charles Ware M.D. ADDRESS Spring Grove Hosp. DATE SIGNED 11/8/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Nov. 6, 1954

NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

LOCATION (City, town, or county) (State) Woodlawn Maryland

DATE REC'D BY LOCAL REGISTRAR 11-4-54

REGISTRAR'S SIGNATURE V. L. Hedrick

24. FUNERAL DIRECTOR ADDRESS ELLSWORTH ARMACOST 4600 Liberty Heights Av

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10235

10236

CERTIFICATE OF DEATH

Reg. Dist. No. 87

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville; LENGTH OF STAY (in this place) 5 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 2825 Mauldin Ave

3. NAME OF DECEASED: (First) Walter (Middle) Clinton (Last) Kain

4. DATE OF DEATH: (Month) Nov. (Day) 29 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: Nov 25-1873

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never retired) Butcher

10B. KIND OF BUSINESS OR INDUSTRY: Swift & Cushman Hill

11. BIRTHPLACE (State or foreign country): Chillicothe Ohio.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel Kain

14. MOTHER'S MAIDEN NAME: Mary Kilpatrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Laura M. Schroder

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteria sclerosis Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: about 5 yrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1949 to Nov 29., 1954 that I last saw the deceased alive on Nov 28. 1954 and that death occurred at 1:15 A M, from the causes and on the date stated above.

SIGNATURE Walter T. Cleo M. D. ADDRESS Cockeysville DATE SIGNED 12/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF 12/2/54 NAME OF CEMETERY OR CREMATORY Lorraine Cemetery LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REGISTRAR 12/2/54 REGISTRAR'S SIGNATURE Laura M. Schroder

24. FUNERAL DIRECTOR Wm. Cook, St. Paul & Preston St. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

11304

2411 N. Charles Street, Baltimore

10237

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Harrisoville; LENGTH OF STAY (in this place): Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Liberty Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Harrisonville; STREET ADDRESS (If rural, give location): Liberty Road

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) ELLSWORTH (Last) WALTERS

4. DATE OF DEATH: (Month) Nov (Day) 28th (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 25 1877

9. AGE last birthday: 77 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Randallstown, Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel Walters

14. MOTHER'S MAIDEN NAME: Annie Fryfogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs George E. Walters, Harrisonville Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Vascular Disease — Interval between onset and death: 24 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Asthma

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 52, to 11/28/, 1954, that I last saw the deceased alive on 10/28/, 1954, and that death occurred at 12.30 A.m., from the causes and on the date stated above.

SIGNATURE: Wm E. Martin (Degree or title) ADDRESS: M.D. Randallstown Md DATE SIGNED: 11/28/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Nov. 30th 1954 | NAME OF CEMETERY OR CREMATORY: Mt Olive Cemetery | LOCATION (City, town, or county) (State): Randallstown, Maryland

DATE REC'D BY LOCAL REG.: 12/29/54 | REGISTRAR'S SIGNATURE: Wm E. Martin | 24. FUNERAL DIRECTOR: Charles Lamoreau | ADDRESS: 4510 Liberty Heights Avenue

RECEIVED
DEC
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10236

10238 CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1 PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Golden Ring
LENGTH OF STAY (In this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 93 Golden Ring Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Golden Ring
STREET ADDRESS (If rural give location): 93 Golden Ring Road

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Wanken

4. DATE OF DEATH: (Month) Nov (Day) 11 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 21, 1917

9. AGE last birthday: 37 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elmer Hedrick

14. MOTHER'S MAIDEN NAME: Mabel F. Klein

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W W 2

16. SOCIAL SECURITY No.: 219-03-3341

17. INFORMANT & ADDRESS: Mr. John C. Wanken, 93 Golden Ring Road

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

1744
Immediate cause (a) Carcinomatosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of uterus — 2 yrs
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 10, 1954, to Nov 11, 1954, that I last saw the deceased alive on Nov 11, 1954, and that death occurred at 10:45 A.M. from the causes and on the date stated above.

SIGNATURE: J M Baumgardner — (Degree or title) M.D — ADDRESS: Balto 6 Md. — DATE SIGNED: Nov 11, 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 15, 1954 — NAME OF CEMETERY OR CREMATORY: Zion Lutheran Cemetery — LOCATION (City, town, or county) (State): Stemmers Run, Maryland

DATE REC'D BY LOCAL REGISTRAR: 11-11-54 — REGISTRAR'S SIGNATURE: (Mrs.) Hedrick Deputy

24. FUNERAL DIRECTOR: Leonard J. Ruck — ADDRESS: 5305 Harford Road #14

MARYLAND STATE DEPARTMENT OF HEALTH

10239 **CERTIFICATE OF DEATH** 10237

FOR MEDICAL EXAMINERS

Reg. Dist. No. 114

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS V

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural give location) 56 D EAST OAK DR

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Edward (Last) Weber
4. DATE OF DEATH: (Month) 11 (Day) 23 (Year) 19[illegible]

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Single	May 25 1924	30 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Airplane Test Mech.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Hamilton - Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Edward Weber
14. MOTHER'S MAIDEN NAME: Ida C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. W. E. Weber - 1931 Hamilton Richmond Rd. Hamilton - R4 O

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Multiple Fracture

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 3rd & 4th Degree Burns over 1/3 of body

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Main

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Work (CITY OR TOWN) Middle River (COUNTY) Balto. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☒ Not while at work ☐	HOW DID INJURY OCCUR?
11-22-54 7PM		Airplane - Crashed into [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]		Middle River Md	11-25-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 26-1954	St Stephens	Hamilton Ohio

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-23-54	C. E. Hedrick	Leonard Fuck	530 N. Ford

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the day of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10238

10240 CERTIFICATE OF DEATH

Reg. Dist. No. K 3

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Balto MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Overlea; LENGTH OF STAY (in this place) 13 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6905 Beech Ave

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Md. COUNTY Balto; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Md.; STREET ADDRESS (If rural give location) 6905 Beech Ave

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E. (Last) Weber.

4. DATE OF DEATH: (Month) Nov. (Day) 20 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Feb 4 1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10B. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Balto.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George Sattyran

14. MOTHER'S MAIDEN NAME: Catherine M. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Lawrence J Weber 6905 Beech Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Cardiac Dilitation — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Hypertensive Cardio-Vascular Dis. — ?

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Incarcerated Umbilical Hernia — ?

19A. DATE OF OPERATION: ?

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 19, 1954, to Nov. 19, 1954, that I last saw the deceased alive on Nov. 19, 1954, and that death occurred at 9:55 P. M, from the causes and on the date stated above.

SIGNATURE Harry Glassman M. D. ADDRESS 7607 Wise Ave DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF: NOV 24-54 — NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER CEM. — LOCATION (City, town, or county) (State): 4430 BELAIR RD MD.

DATE REC'D BY LOCAL REGISTRAR: 11-23-54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Dobbel Bro — ADDRESS: 7110 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10239

10241 CERTIFICATE OF DEATH

Reg. Dist. No. 4K

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (In this place) 66 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore #30
STREET ADDRESS (If rural give location) 1284 Riverside Avenue

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) F. (Last) WEIGAND

4. DATE OF DEATH (Month) November (Day) 9 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Divorced

8. DATE OF BIRTH: October 28, 1920

9. AGE last birthday 34 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector

10B. KIND OF BUSINESS OR INDUSTRY: Radio

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Frank Weigand

14. MOTHER'S MAIDEN NAME: Catherine MN: Kendal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 214-18-0433

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hospital,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CIRRHOSIS OF LIVER FOLLOWING HEPATITIS

ANTECEDENT CAUSE (S) DUE TO FOLLOWING YELLOW FEVER VACCINE 1944 — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. POSTOPERATIVE SHOCK — 8 DAYS

19A. DATE OF OPERATION: November 1, 1954

19B. MAJOR FINDINGS OF OPERATION: Total Gastrectomy,esophago-jejunostomy with jejujejunostomy Cirrhosis of liver. Dilatation of gastric & esophageal veins

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept.4, 1954, to Nov. 9, 1954 and that death occurred at 1:20 A.M., from the causes and on the date stated above.

SIGNATURE William B. VanderGrift, M.D.

ADDRESS M. D. VAH, FORT HOWARD, MARYLAND

DATE SIGNED 11-9-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Nov. 12, 1954

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-10-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Wm.Cook-Blight Inc. Funeral Home 6009 Harford Road,Baltimore 14, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10240

10242 CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dogwood Rd & Ridge Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Dogwood Rd COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural give location) Dogwood Rd & Ridge Rd

3. NAME OF DECEASED: (Type or Print) (First) Clinton (Middle) E (Last) Widerman

4. DATE OF DEATH: (Month) 11 (Day) 23 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 3/6/1888

9. AGE last birthday: 66 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Balto Co Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William F. Widerman

14. MOTHER'S MAIDEN NAME: Sallie J. Ritter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service) 1st W W

16. SOCIAL SECURITY No.: 212-18-4009

17. INFORMANT & ADDRESS: R.M. Widerman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardio vascular Disease
DUE TO
(c)

Interval Between Onset And Death: 2 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/9/1954, to 11/23/1954, that I last saw the deceased alive on 11/22/1954, and that death occurred at 11:30 P M from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. E. Martin M.D. ADDRESS Randallstown Md DATE SIGNED 11/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/27/54
NAME OF CEMETERY OR CREMATORY Mt Olive Cem
LOCATION (City, town, or county) (State) Randallstown Md

DATE REC'D BY LOCAL REGISTRAR 11/24/54
REGISTRAR'S SIGNATURE Wm. E. Martin

24. FUNERAL DIRECTOR Charles P. Towell ADDRESS 6411 Windsor Mill Rd.

VS. A15

RECEIVED
DEC 1 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10241

CERTIFICATE OF DEATH

10243

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Butler Rural — LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Falls Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Butler - Rural
STREET ADDRESS (If rural, give location) Upper Falls Rd

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Margaret (Last) Willis

4. DATE OF DEATH: (Month) November (Day) 11 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jan 25, 1862

9. AGE last birthday: 92 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Lockstampfer

14. MOTHER'S MAIDEN NAME: Elizabeth Croft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 000.

17. INFORMANT & ADDRESS: Mrs. Bessie Curtis, Sparks Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) 442 Chronic Myocarditis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Arteriosclerotic Cardio Renal Vascular Disease

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Fracture of left Femur.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home — (CITY OR TOWN) Butler — (COUNTY) Balto — (STATE) Md

TIME OF INJURY (Month) August (Day) 22 (Year) 1954 (Hour) 2 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Fell off Porch

22. I hereby certify that I attended the deceased from Aug 22, 1954, to Nov 11, 1954, that I last saw the deceased alive on Nov 10, 1954 and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Joseph E Buck Md — ADDRESS Hampstead Md — DATE SIGNED Nov 11, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 11-13-54 — NAME OF CEMETERY OR CREMATORY Falls Road Chapel — LOCATION (City, town, or county) Butler, Balto Co. — (State) Md.

DATE REC'D BY LOCAL REG. 11-12-54 — REGISTRAR'S SIGNATURE Mary B. Elwin

24. FUNERAL DIRECTOR — ADDRESS Brooks Funeral Service, Sparks, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10242

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: 10244
   COUNTY Baltimore MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
   LENGTH OF STAY (in this place)
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Morrisway Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE Maryland COUNTY Baltimore
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
   STREET ADDRESS (If rural give location) Morrisway Road

3. NAME OF DECEASED: (Type or Print) (First) Otto (Middle) - (Last) Wills

4. DATE OF DEATH: (Month) November (Day) 10 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Aug 11 1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: State Game Farm

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis Wills

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Havent Located it yet

17. INFORMANT & ADDRESS: Mrs Edith Y Wills Owings Mills Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (a)	angina Pectoris	6 yrs.
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)	arteriosclerotic C-V. Disease	6 yrs.
DUE TO		
(c)	arthritis	8 yrs.

20.2

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None. (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None, m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from 12-1 ..., 1939., to 11-10 ..., 1954., that I last saw the deceased alive on 11-3 ..., 1954, and that death occurred at 1.0.a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr. Eaglis M.D. Reisterstown, Md 11-11-54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Nov 13 1954 | NAME OF CEMETERY OR CREMATORY Deer Park Cemetery | LOCATION (City, town, or county) Reisterstown (State) Md

DATE REC'D BY LOCAL REGISTRAR 11-11-54 REGISTRAR'S SIGNATURE Mary B. Ellis.

24. FUNERAL DIRECTOR Wm Berryman & Sons ADDRESS Reisterstown Md

10243

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10245 CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH.
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town). Cockeysville Md | LENGTH OF STAY (in this place) 2 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace
STREET ADDRESS (If rural give location) 203 N. Union Ave

3. NAME OF DECEASED: (Type or Print) (First) Clinton (Middle) A. C. (Last) Wilson

4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower | 8. DATE OF BIRTH: April 22-1871 | 9. AGE last birthday: 83 yrs | IF UNDER 1 YEAR: Months 8 Days | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery Store, Manager | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Easton Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown ? | 14. MOTHER'S MAIDEN NAME: Buck Died when he was 7 yrs old

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 217-05-5921A | 17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Sclerosis Cardiac Vascular disease

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 yrs ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Nov 23, 1954 that I last saw the deceased alive on Nov 23, 1954, and that death occurred at 2.40 P. M, from the causes and on the date stated above.

SIGNATURE Walter T. Cuco M. D. ADDRESS Cockeysville Md DATE SIGNED 11/23/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Havre De Grace | DATE THEREOF 11/26/54 | NAME OF CEMETERY OR CREMATORY Havre De Grace | LOCATION (City, town, or county) Havre De Grace (State) Md

DATE REC'D BY LOCAL REGISTRAR 11/24/54 | REGISTRAR'S SIGNATURE Laura M. Schroeder | 24. FUNERAL DIRECTOR Wm. Cook | ADDRESS St. Paul & Preston St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10244

10245

CERTIFICATE OF DEATH

Reg. Dist. No. 30.

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
LENGTH OF STAY (in this place) 5 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE HOSPITAL CATONSVILLE, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HARWOOD
STREET ADDRESS (If rural give location) NONE

3. NAME OF DECEASED: (Type or Print) (First) ELLA (Middle) (Last) WILSON

4. DATE OF DEATH: (Month) NOV. (Day) 10 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WID

8. DATE OF BIRTH: Unknown

9. AGE last birthday 93 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND, U.S.A.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: EDMOND GOTT

14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NOT KNOWN

17. INFORMANT & ADDRESS: MRS. GUY CLAGETT UPPER MARLBORO, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 440 A (A) Bronchial Uremia

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic nephrosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) DUE TO Hypertensive arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from .. .. , 19 . . , to . . . . , 19 , that I last saw the deceased alive on NOV. 9 , 1954, and that death occurred at 5½ A.M, from the causes and on the date stated above.

SIGNATURE Benjamin Blackman M.D. ADDRESS Spring Grove Hosp. DATE SIGNED 11/10/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Nov. 12, 1954 NAME OF CEMETERY OR CREMATORY St. James LOCATION (City, town, or county) Tracy's Landing (State) Md.

DATE REC'D BY LOCAL REGISTRAR 11-10-54 REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR T.A. Hardesty & Son ADDRESS Galesville, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10245

10247 CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 3000 Barclay Street

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) E (Last) WILSON

4. DATE OF DEATH: (Month) November (Day) 3, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) Married

8. DATE OF BIRTH: 1-30-15

9. AGE last birthday 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Window Cleaner

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Wilson

14. MOTHER'S MAIDEN NAME: Julia Corbin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 213-03-4169

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) RUPTURE OF CONGENITAL ANEURYSM OF LEFT

ANTECEDENT CAUSE (B) XXXXX ANTERIOR CEREBRAL ARTERY

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that XX attended the deceased from Oct. 12, 1954, to Nov. 3, 1954, XXXXXXXXXXXXXXXXXXXX and that death occurred at 1:15 PM, from the causes and on the date stated above.

SIGNATURE William B. Vandegrift M.D.

ADDRESS VAH, FORT HOWARD, MARYLAND

DATE SIGNED 11-4-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11/6/54

NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-5-54

REGISTRAR'S SIGNATURE A. M. Heckrotte Jr

24. FUNERAL DIRECTOR ADDRESS Chenoweth Funeral Home, 3615 Chestnut Ave. Baltimore, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

10246

MARYLAND STATE DEPARTMENT OF HEALTH

10243

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4113 Taylor Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
STREET ADDRESS (If rural, give location): 4113 Taylor Ave

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Florence (Last) Wilson

4. DATE OF DEATH: (Month) 11 (Day) 3 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 10/23/71

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Balto. Co. Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Alexander Fuller

14. MOTHER'S MAIDEN NAME: Jane E. Middelmas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Howel Glenn 4113 Taylor Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 2 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive - Arteriosclerotic Heart Disease — 20 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 24, 1954, to Nov. 3, 1954, that I last saw the deceased alive on Nov. 3, 1954, and that death occurred at 11:55 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edwin G. Burns M.D. 6232 Belair Rd. Balto. Md Nov. 3, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11/6/54

NAME OF CEMETERY OR CREMATORY: Parkwood

LOCATION (City, town, or county): Balto. (State): Md

DATE REC'D BY LOCAL REG.: Nov. 5 1954

REGISTRAR'S SIGNATURE: Mrs. M. D. Reifsnider

24. FUNERAL DIRECTOR: Lansdale Funeral Home

ADDRESS: 4401 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

10247

10249

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Item 11: aff. of informant

film G173 11-9-54 L

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bch Steel Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3503 Keswick Rd- 11

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FRANC	L.	Winship	11 -	2 -	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	married	9/6/08	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SECTION LEADER	Steel	Wheeling WVa.	

13. FATHER'S NAME ?

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Lena M. Winship 3503 Keswick Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. B. Travers M.D. Dep. Med. Exam. Dundalk Md 11/4/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/6/54	Oaklawn	Eastern Ave.

DATE REC'D BY LOCAL REG. 11-3-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Paul E. Clemonts Sons 3615-17 Eastern Ave ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10248

10250 CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville
LENGTH OF STAY (in this place) ✓
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2512 Hillcrest Avenue ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville X
STREET ADDRESS (If rural give location) 2512 Hillcrest Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Elizabeth (Last) Wiseman

4. DATE OF DEATH: (Month) Nov. (Day) 29th (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: Jan. 9, 1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: August Hahn

14. MOTHER'S MAIDEN NAME: Florentine Drafes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 0

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS. Miss Clara Wiseman, 2512 Hillcrest Avenue

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hypertensive Cardiovascular Disease DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs approx

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 54, 19 54, to Nov 29 54, 19 54, that I last saw the deceased alive on Nov 29, 19 54, and that death occurred at 3:41 M, from the causes and on the date stated above.

SIGNATURE Edward Wiseman M. D. ADDRESS 1513 N Milton Ave DATE SIGNED 30 Nov 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Dec. 3, 1954

NAME OF CEMETERY OR CREMATORY Moreland Memorial Park

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road #14

Dr. Goodman
1513 Milton Ave.
9-11

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10251

10249

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 8642 Oakleigh Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; STREET ADDRESS (If rural, give location) 8642 Oakleigh Road

3. NAME OF DECEASED (Type or Print): (First) ADA (Middle) MARIE (Last) WOOTTON

4. DATE OF DEATH: (Month) November (Day) 19 (Year) 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: Sept. 24, 1895

9. AGE last birthday: 59 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife - Waitress

10b. KIND OF BUSINESS OR INDUSTRY: Toddle House Rest.

11. BIRTHPLACE (State or foreign country): York, Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Fuller

14. MOTHER'S MAIDEN NAME: Sarah Jane Richards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217 - 24 - 8544

17. INFORMANT AND ADDRESS: Ralph Wootton 8642 Oakleigh Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rheumatic heart disease — Interval between onset and death: 2 yrs.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Nov, 19 54, to 19 Nov, 19 54, that I last saw the deceased alive on 19 Nov, 19 54, and that death occurred at 6 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Krejci M.D. 2 W Read St. 19 Nov 54.

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: Nov. 22, 1954

NAME OF CEMETERY OR CREMATORY: Prospect Hill Cem.

LOCATION (City, town, or county) (State): York, Penna.

DATE REC'D BY LOCAL REG.: 11-22-54

REGISTRAR'S SIGNATURE: D. H. Redmond Jr.

24. FUNERAL DIRECTOR ADDRESS: Wm Cook - Blight, Inc. 6009 Harford Road

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10250

10252

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 242 Rogers Forge Road

3. NAME OF DECEASED: (First) HARRY (Middle) Harper (Last) WRIGHT

4. DATE OF DEATH: (Month) November (Day) 20 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: August 1, 1894

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10B. KIND OF BUSINESS OR INDUSTRY: T.V. Films

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry S. Wright

14. MOTHER'S MAIDEN NAME: Grace MN: Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 244-24-5606

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital, Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

340.2

IMMEDIATE CAUSE (A) CEREBRAL SPINAL MENINGITIS — INTERVAL BETWEEN ONSET AND DEATH: 1 WEEK

ANTECEDENT CAUSE (S) DUE TO ANOEROBIC STREPTOCOCCUS PYOGENES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2 — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Nov. 15, 1954 to Nov. 20, 1954, [redacted] and that death occurred at 1:35 A M, from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift — ADDRESS: M. D. VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 11-20-54

WILLIAM B. VANDEGRIFT, M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 11/23/54 — NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery — LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE REC'D BY LOCAL REGISTRAR: 11-22-54 — REGISTRAR'S SIGNATURE: A. L. Hedrick M.D. — 24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons, Inc. — ADDRESS: North & Penn. Aves. Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10251

10253 CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loch Raven Village
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1901 Glen Ridge Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loch Raven Village
STREET ADDRESS (If rural, give location) 1901 Glen Ridge Road

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) E. L. (Last) WRIGHT

4. DATE OF DEATH: (Month) (Day) (Year) November 2, 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	Married	Dec. 3, 1905	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Gen. Superintendent	Meadow Gold Ice Cream	Newport News, Virginia	U. S. A.

13. FATHER'S NAME: Floyd C. Wright

14. MOTHER'S MAIDEN NAME: Margaret Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Marian B. Wright, 1901 Glen Ridge Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Myocarditis
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Nov. 2 19 54, to —, 19....., that I last saw the deceased alive on Nov. 2, 19 54, and that death occurred at 3 a.m., from the causes and on the date stated above.

SIGNATURE Dr Lee K Fargo (DEGREE OR TITLE) ADDRESS 8155 Loch Raven Blvd. DATE SIGNED 11-2-54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	11/5/54	Moreland Memorial Park	Parkville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/3/54	A. W. Hedrick M.D.	Wm. Cook Inc.	1217 St. Paul Street